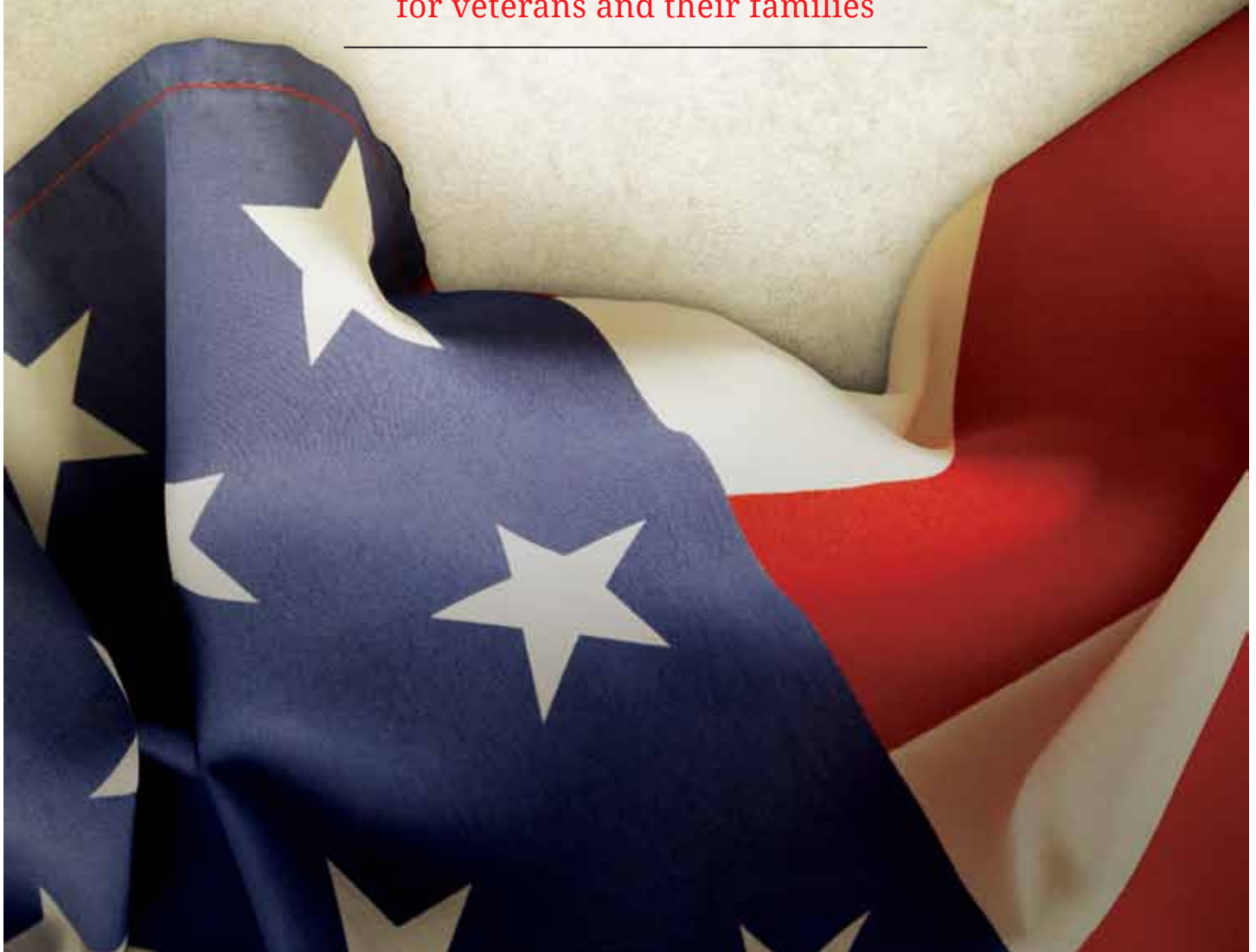


***** LAKE COUNTY ***** VETERANS



A survivor assistance guide to local
and federal resources
for veterans and their families



Introduction

The Lake County Veterans Service Office was organized in 1945 and is an advocate for the veterans of the state of Florida. The office has a single purpose – service to the more than 30,000 veterans and/or their dependents at no cost, with no discrimination. The office serves as the advocate to the veteran and/or dependent for claims processing and other benefits to which they may be entitled. The office staff coordinates with the Veterans Administration (VA) and other federal and state agencies on benefit entitlements in order to meet the need of each individual veteran and/or dependent. All information conveyed is privileged and will be held in strict confidence.

This handbook is intended to serve as a reference guide for veterans, their families, and those who help veterans to access information about VA benefits and services. In particular it is designed to:

- Assist families as they prepare for the eventuality of the service member's death, and to,
- Assist the survivors in settling the affairs of the deceased retiree and preparing for their future lives.

The beneficiaries of this program are the veterans, spouses and widows of veterans in our area. This guide and worksheet package is designed to assist veterans and their families in notification of appropriate agencies of the death of a veteran and in obtaining available benefits from the VA, Defense Finance and Accounting Services (DFAS), Survivor Benefits, Social Security and Insurance as well as to provide additional important information.

The following documents will be needed for claims processing related to a veteran's death:

- Veteran's marriage certificate for claims of a surviving spouse or children.
- Veteran's death certificate if the veteran did not die in a VA healthcare facility.
- Children's birth certificates or adoption papers to determine children's benefits.
- Veteran's birth certificate to determine parents' benefits.

Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard.

Those seeking a VA benefit for the first time must submit a copy of their service discharge form (DD-214m DD-215, or for WWII veterans, a WD form), which documents service dates and type of discharge, or give their full name, military service number, and branch and dates of service. The veteran's service discharge form should be kept in a safe location accessible to the veteran and next of kin or designated representative. Should you need to request your military records, please see **SF Form 180 – Request Pertaining to Military Records (Appendix 1)**.

Introduction *(continued)*

The Lake County Veteran Service Office conducts community outreach meetings to ensure adequate service coverage is maintained. Outreach meetings are held by trained veteran benefits counselors.

Site locations are

- **Clermont VA Clinic**
805 Oakley Sever Drive, Clermont
Every Friday from 8 a.m. – 4 p.m.
- **Sumter County Office**
7375 Powell Road, Wildwood
Call for meeting schedule - 352-689-4450.
- **Leesburg VA Clinic**
711 W. Main St., Leesburg
Every Wednesday from 9 a.m. – 1 p.m.

In addition, nursing home and private home visits are conducted by appointment, in order to reach those veterans and dependents that are unable to travel.

Information relating to veterans benefits for any discharged veteran of the U.S. Armed Forces and their dependents may be obtained from the Lake County Veterans Service Office, located at 315 W. Main St. Suite 525, Tavares, Florida. Counselors are available Monday through Friday from 8 a.m. – 5 p.m., excluding holidays. For more information, call 1-352-742-6585.

A Message from the Lake County Board of County Commissioners

The Lake County Board of County Commissioners and Lake County Veterans Service Office would like to first and foremost show thanks for the service of Lake County's nearly 30,000 veterans.

Our Veteran Services Office provides assistance with Department of Veteran Affairs' disability claims applications, secures monetary benefits and conducts outreach at clinics in Tavares, Leesburg and Clermont.

In 2014, Lake County's Veterans Services office served nearly 8,000 clients at our Tavares office alone, securing \$13.5 million in new monetary benefits, compensation and pension.

Our county commission honors the sacrifices of the men and women who have served this great nation and will do our best to provide care and support for the families of those who died defending our freedom.

We'd like to acknowledge the Disabled American Veterans (DAV) Space Coast Chapter # 123 for inspiring this Survivors Assistance comprehensive guide.

In closing, the county wishes to extend its sincere appreciation to Mr. Don Van Beck and the Veterans Memorial at Fountain Park. This organization, which serves veterans in the tri-county area, is responsible for the Veterans Memorial in downtown Leesburg- one of the largest of its kind in the southeast. More than 8,800 veterans are honored with their names on the memorial wall as of 2015. All veterans who have served at least 90 days in the armed forces and received an honorable, medical or in some cases a general discharge, are eligible for placement on the wall. For details, call 352-314-2100.

God bless America and God bless our veterans. Thank you.

Sincerely,

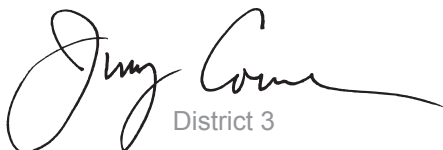
The Lake County Board of County Commissioners



District 1



District 2



District 3



District 4



District 5

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SECTION 1 – Survivor Assistance for U.S. Military

The military services provide survivor assistance for those who served in the military and their dependents. The survivors of retired members are also entitled to such assistance as well as those who die while on active duty. This guide is designed:

- A. To assist families prepare for the eventuality of the service member's death and
- B. To assist the survivors in settling the affairs of the deceased retiree and preparing for their future lives.

Notification Requirements for Retiree/Annuitant Deaths

Timely notification of key agencies of a retiree's or an Annuitant's death is very important. In this section are listed the top eight top priority agencies to be notified in case of retiree's or annuitant's death. Not all are applicable for each retiree's or annuitant's case.

Defense Finance and Accounting Service (DFAS):

Procedure for reporting a Retiree or Annuitant Death:

The easiest and quickest means for reporting a retiree's or annuitant's death is via DFAS website (<https://cust-support.dfas.mil/raplti/nod/>). At this website you can fill in and submit the **DFAS Form 9221 – Notification of Death (Appendix 2)** on line.

Alternatively you can notify DFAS Casualty Care Team:

- **By telephone** Have the retiree's or annuitant's Social Security number and date of death available. Be prepared to provide by mail or fax a copy of a death certificate which indicates the cause of death.
- **By mail or fax**

For Retirees

DFAS U.S. Military Retirement Pay
P.O. Box 7130
London, KY 40742-7130
Phone: 1-800-269-5170 or 1-800-321-1080
Fax: 1-800-469-6559

For Annuitants

DFAS U.S. Military Annuitant Pay
P.O. Box 7131
London, KY 40742-7131
Phone: 1-800-269-5170 or 1-800-321-1080
Fax: 1-800-982-8459

DFAS officials will take steps to close out the pay account to prevent any overpayments. If the decedent was a retiree enrolled in the Survivor Benefit Plan (SBP) and/or the Retired Serviceman's Family Protection Plan (RSFPP), DFAS officials will take additional steps to initiate pay accounts for eligible survivors.

SECTION 1 – Survivor Assistance for U.S. Military *(continued)*

Veterans Administration

Report the retiree's death to the Veteran's Administration at 1-800-827-1000 so that any disability compensation or Dependency Indemnity Compensation (DIC) payments can be terminated. For other Veteran's Administration related details and benefits eligibility, see below.

The Department of Veterans Affairs (DVA) is available to answer questions about VA benefits at their nationwide toll-free telephone number: 1-800-827-1000. Hearing impaired persons may call: 1-800-829-4833. For additional information, visit www.va.gov.

Social Security Administration (SSA)

Notify the SSA of a retiree's death by calling the Leesburg SSA office at 1-866-836-3623 or 1-800-772-1213.

Defense Enrollment Eligibility Reporting System (DEERS)

Notify DEERS of the retiree's death at 1-800-538-9552.

Serviceman's Group Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI)

If the deceased retiree has a SGLI policy, notify them at 1-800-419-1473. To report death or check if retiree was insured, call 1-800-419-1473 or write to: Office of Serviceman's Group Life Insurance (OSGLI), 213 Washington St., Newark, NJ 07102. If the policy number is unknown, provide the veteran's social security number and date of birth/death. If retiree was insured they will provide an application for benefits to you. Fill out the application and return with a copy of the retiree's death certificate.

VA Life Insurance (such as NSLI)

If the retiree has a VA Life Insurance Policy, notify them at 1-800-669-8477 or write to: Department of Veteran Affairs, Regional Office and Insurance Center, Box 42954, Philadelphia, PA 19101. If the policy number is unknown, provide the veteran's VA file number, social security number, date of birth, military serial number or military service branch and dates of service. If retiree was insured they will provide an application for benefits to you. Fill out the application and return with a copy of the retiree's death certificate.

Civil Service Retirement System – For Retirees receiving Civil Service Retirement Pay

Notify the Office of Personnel Management to report the death of a military retiree who is receiving Civil Service retirement pay at 1-888-767-6738. The exact type of benefits and the amount will depend on each individual case. Benefits could include adjustment of Health Insurance Coverage from "Self and Family" to "Self Only" provided the survivor has been previously covered. There is also a survivor annuity, if the deceased person provided for survivors coverage. Any annuity benefits that have not been paid will be included in the benefits paid to the eligible survivor.

Request instructions from them for applying for any death benefits that may be available through their office. An application for survivor's benefits must be completed before the employee service and record center can authorize any payments of possible benefits. This application can be obtained from:

Office of Personnel Management
Employee Service and Records Center
Civil Service Retirement System
P.O. Box 46
Boyers, PA 16017
1-724-794-2005

The Letter of Notification should include:

- THE FULL NAME OF THE DECEASED
- THE EXACT DATE OF BIRTH
- THE CIVIL SERVICE ACCOUNT NUMBER (CSA)
- NAME, ADDRESS, AND RELATIONSHIP OF THE PERSON WHO DESIRES TO OBTAIN SURVIVOR'S BENEFITS
- A CERTIFIED ORIGINAL DEATH CERTIFICATE

Prevent Overpayments – By Timely Reporting

To ensure that retirement and disability overpayments are avoided it is very important to notify the appropriate government agencies as soon as practical after death. Overpayments have to be paid back.

Unpaid Pay and Allowances

The designated beneficiary or spouse is authorized payment of retired pay from the 1st of the month through the day of death. DFAS upon notice about an annuitant's death will stop pay and begin to close out the decedent's account in order to preclude overpayments. To assist in this manner, DFAS will send and, if applicable, SBP/RSFPP-related forms in the mail within seven to 10 business days after reporting the death including a **DFAS Form 1174 – Claim for Unpaid Compensation** to retiree's designated beneficiary or spouse for completion. When completed it must be returned with a copy of the death certificate to:

- **DFAS U.S. Military Retired Pay**
London, KY 40742-7130
Fax: 1-800-469-6559

Note: Any check received after the date of death will have to be returned to DFAS.

SECTION 1 – Survivor Assistance for U.S. Military *(continued)*

Survivor Benefit Plan (SBP)

If the deceased participated in the Survivor Benefits Plan, the annuity is payable to the authorized dependent. DFAS will provide you an Annuity Care Package including DD Form 2656-7 – Verification of Survivor Annuity, DD Form 1199A – Direct Deposit Sign-up Form and Form W4-P – Withholding Certificate for Annuity Payments. The survivor's spouse or dependent child must complete the forms and submit them to DFAS.

Veterans Administration (VA)

As noted above, report the retiree's death to the Veterans Administration at 1-800-827-1000 so that any disability compensation can be terminated. Retired Pay and Disability over payments and recoupment can occur if timely notifications are not made as soon as possible. Also inquire of benefits available or visit their website at: www.va.gov.

VA Cemeteries

Burial benefits in a VA national cemetery for eligible veterans and some dependents include the gravesite, a headstone or marker, opening and closing of the grave and perpetual care. Many national cemeteries have columbaria or gravesites for cremated remains. Contact the VA for further information or visit the VA Cemetery Administration at: www.cem.va.gov/.

Headstones and Markers

VA provides headstones and markers for the unmarked graves of veterans anywhere in the world and of eligible dependents of veterans buried in military post, state veteran or national cemeteries. When burial occurs in a cemetery other than military post, state veteran or national cemetery, the headstone or marker must be applied for from the VA. It is shipped at government expense, but the cost of placing the headstone or marker is the responsibility of the survivor. To apply, complete **VA Form 40-1330 – Claim for Standard Government Headstone or Marker (Appendix 3)** and forward it to: Director, Memorial Programs Service (403A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420 (1-800-697-6947). For further details go to: www.cem.va.gov/.

The funeral director will assist you in providing the burial space with a lasting tribute to your loved one. Call the funeral director for further information. The funeral director should also assist you in obtaining these items from the Veterans Administration.

Presidential Memorial Certificates

Presidential Memorial Certificates express the nation's recognition of a veteran's service. Certificates bearing the signature of the President are issued honoring deceased veterans with honorable discharges. Eligible recipients include next-of-kin and other loved ones. The award of a certificate to one eligible recipient does not preclude certificates to other eligible recipients. To establish honorable service, a copy of the certificate of discharge or DD 214 must accompany the request. Contact the local VA office for assistance or the DVA to assist in obtaining copies of the certificates from the **VA using VA Form 40-0247 – Presidential Memorial Certificate Request Form (Appendix 4)**. There is no limit on the amount of copies that can be requested.

Reimbursement of Burial Expenses

VA will pay a burial allowance up to \$2,000 if the veteran's death is service connected. In some instances, VA also will pay the cost of transporting the remains of a service-disabled veteran to the national cemetery nearest the home of the deceased that has available gravesites. In such cases, the person who paid the burial expenses may claim reimbursement from VA.

VA will pay a \$300 burial and funeral allowance for veterans who, at time of death, were entitled to receive compensation from the VA. Eligibility also may be established when death occurs in a VA facility, a nursing home under VA contract or a state veteran's nursing home. Additional costs of transportation of the remains may be paid. Claims must be filed within two years after permanent burial or cremation, except claims of service connected deaths.

VA will pay a \$745 plot allowance when a veteran is buried in a cemetery that is not under U.S. government jurisdiction if, the veteran was discharged from active duty because of a disability incurred or aggravated in the line of duty, or was entitled to receive compensation from the VA, or died in a VA facility.

Complete **VA Form 21P-530 - Application for Burial Benefits (Appendix 5)** (www.cem.va.gov/) and submit to the nearest Veterans Administration office or contact 1-800-827-1000.

VA Dependency and Indemnity Compensation (DIC)

To be eligible, the deceased must have died from: a disease or injury incurred or aggravated while on active duty or active duty for training; or an injury incurred or aggravated in line of duty while on inactive duty training; or a disability compensable by VA. Eligible unmarried surviving spouse, unmarried children under 18, helpless children between 18-23 attending a VA approved school or low-income parents of deceased service members/veterans may apply.

SECTION 1 – Survivor Assistance for U.S. Military *(continued)*

For those veterans who were totally service-connected disabled at time of death, but the death was not the result of their service-connected disability the survivor may qualify if: the veteran was continually rated totally disabled for 10 years or more immediately preceding death; or the veteran was so rated for five years from the date of military discharge; or was a former prisoner of war who died after September 30, 1999, and who was continuously rated totally disabled at least one year preceding death. The discharge must have been under conditions other than dishonorable. For further information, please contact VA at 1-800-827-1000.

The VA also has a website specifically designed to assist surviving spouses. The site is: www.vba.va.gov/survivors/index.htm. The site provides links to the VA pages describing survivor benefits and other government sites that may offer valuable information and assistance. There is also a link to Frequently Asked Questions (FAQs) to assist you.

Aid and Attendance and Housebound

Veterans and survivors who are eligible for a VA pension and require the aid and attendance of another person, or are housebound, may be eligible for additional monetary payment. These benefits are paid in addition to monthly pension, and they are not paid without eligibility for pension.

Since Aid and Attendance and Housebound allowances increase the pension amount, people who are not eligible for a basic pension due to excessive income may be eligible for pension if there are unreimbursed medical expenses. A veteran or surviving spouse may not receive Aid and Attendance benefits and housebound benefits at the same time. If the veteran is receiving 30 percent or more service connected compensation and their spouse requires Aid and Attendance there are no age or income requirements.

Aid and Attendance (A&A)

The Aid and Attendance (A&A) increased monthly pension amount may be added to your monthly pension amount if you meet one of the following conditions:

- You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment.
- You are bedridden, in that your disability or disabilities require that you remain in bed apart from any prescribed course of convalescence or treatment.
- You are a patient in a nursing home due to a mental or physical incapacity.
- Your eyesight is limited to a corrected 5/200 visual acuity or less in each eye; or concentric contraction of the visual field to five degrees or less.

Housebound

This increased monthly pension amount may be added to your monthly pension amount when you are substantially confined to your immediate premises because of permanent disability. In addition, Medicaid eligibility has been expanded subject to income guidelines (see <http://medicaid.gov/>).

Death Pension

A death pension may be available to a surviving spouse of a deceased veteran if the veteran served at least 90 days during war time. The surviving spouse must have been married to the veteran at time of death, and for at least one year prior to death. The benefit is subject to income requirements. The spouse may receive aid and attendance and housebound benefits, along with a death pension.

What is a Fiduciary?

When the VA determines that a veteran is unable to handle his financial affairs they may appoint an individual to manage the veteran's compensation and pension money. There are four basic duties. The Fiduciary will:

1. Act only in the veteran's best interest.
2. Manage veteran's money and property carefully.
3. Keep veteran's money and property separate.
4. Keep good records.

If you are appointed you have no legal authority to manage other property, financial affairs or medical matters for the veteran. To control other matters you must have legal authority via power of attorney, trust or court appointment document. You must be appointed representative payee or VA fiduciary by the agency paying the benefit. SECTION 2 – Social Security Survivor Benefits

SECTION 2 – Social Security Survivor Benefits

The Funeral Director sends the Statement of Death to the local Social Security Office. You must contact the Social Security Office to apply for any benefits. If a worker dies, survivor checks can be paid to certain members of the worker's family. A lump sum also can be paid, generally \$255.00, for eligible surviving widow, widower, or entitled child. Social Security information can be obtained at 1-800-772-1213.

Benefits are available to the following:

- Unmarried children under 18 (or 19 if in high school).
- Unmarried son or daughter who was severely disabled before age 22 and who continues to be disabled.
- Widow or widower 60 or older.
- Widow or widower, or surviving divorced mother or father if caring for the workers child under 18 (or disabled) who is getting a benefit based on the earnings of the deceased worker.
- Widow or widower 50 or older who becomes disabled not later than seven years after the workers death.
- Dependent parents age 62 or older.

Benefits are payable to a divorced spouse at 62 or over, a surviving divorced spouse at 60, or to a disabled surviving divorced spouse 50 or older if the marriage was of 10 years or more duration. Under certain conditions, children may be eligible for Social Security Benefits based on the grandparent's earnings.

Starting in January of 1985, a divorced spouse who has been divorced at least two years, and had been married for at least 10 years can receive benefits at 62 whether or not his or her former spouse receives benefits. The former spouse must be eligible for Social Security Benefits regardless of whether he or she has retired. Survivors can get benefits in most cases if the marriage was of at least nine months duration. The amount of income will be determined by the Social Security Administration based on:

- Number of working quarters.
- Amount paid into Social Security.

You may be required to provide the following documentation

- Proof of Marriage.
- Divorce papers (if applicable).
- Proof of surviving spouse's age.
- Proof of dependent children 18 or under (birth certificates – certified copy).
- DD Form 214 (Certificate of Release or Discharge from Active Duty).
- W-2 Forms of deceased if worked within last two years.

Benefits Mailed to the Deceased

Benefits received prior to date of death are earned and may be kept. Any benefits received for the month following the date of death and any subsequent months must be returned.

Benefits Directly Deposited

Monthly benefits are directly deposited into a bank account; contact your Social Security Office. Time to process benefits may vary, but payable benefits are retroactive from the month of the application.

Earning Capacity

Earning capacity will be directly related to the Social Security benefits received. Verify with your local Social Security Office the current amount you are permitted to earn based on the survivor's present age. Taxable income should be determined and filed by a qualified tax person and submitted to the Social Security Administration.

Qualified for Benefits

Contact the nearest social security office to schedule an appointment to see if you are eligible for benefits for which you must apply. The benefits are determined on a case by case basis. Contact the Social Security Office at 1-866-836-3623. On the date of your appointment you may want to have someone available to assist you.

- **Social Security Administration**

900 N. 14th Street, Suite 100
Leesburg, FL 34748
1-866-836-3623

You can also visit the Social Security Office website for more information at: www.ssa.gov.

SECTION 3 – Funeral Honors

Any funeral home can provide military funeral honors to eligible deceased military personnel within the Lake County area of Florida. This includes, Active Duty, Reserve, National Guard, Retirees and Veterans. Full military funeral honors will be provided for all deceased Active Duty personnel and Medal of Honor recipients. A full military funeral honors team consists of nine members who perform as pallbearers (at the gravesite), a firing team, flag folders, a chaplain (if requested, subject to availability) and a bugler (if available). If a bugler is not available “TAPS” will be rendered via a compact disk player. Full military honors will be provided for Military Retirees when resources permit. If resources do not permit, a two-member abbreviated team will render the honors. Funeral Honors for all other veterans will consist of two members to fold and present the flag to the next-of-kin and “TAPS” will be rendered by a compact disk player.

Burial at Sea Option for Retirees

Burial at sea is a means of final disposition of remains that is performed on U.S. Navy vessels, and is available to honorably discharged retirees, veterans, and their dependent family members.

The disposition of remains involves getting all paperwork together and coordinating for the burial with a port of embarkation. Available ports can be found by calling Navy Mortuary Affairs at 1-866-787-0081. A committal ceremony is performed while the ship is deployed; therefore, family members are not allowed to be present. The commanding officer of the ship assigned to perform the ceremony will notify the family of the date, time, and longitude and latitude once the committal service has been completed.

To apply for a burial at sea, the person authorized to direct disposition needs to print out and complete a request form, available at: www.navy.mil/navydata/questions/bas-form.pdf.

Documents such as a photocopy of the death certificate, burial transit permit or cremation certificate; and copy of the DD Form 214, discharge certificate, or retirement order must be submitted with the form.

Cremated remains, or cremains, must be in an urn or plastic or metal container. The cremains package should be sent via certified mail, return receipt requested. Intact, or casketed, remains require very specific preparation, and all expenses are the responsibility of the person authorized to direct disposition.

For more information contact Navy Mortuary Affairs or visit: www.navy.mil/navydata/nav_legacy.asp?id=204 (Courtesy of U.S. Navy).

Identification (ID) Cards

Survivors eligible for DD Form 1173 – Uniformed Services Identification and Privilege Card should have new cards issued under their new status as soon as possible. ID cards are issued every four years for dependents unless eligibility changes before the four years will be completed; e.g. child’s 21st birthday or spouse’s 65th birthday.

VA Health Care

A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Reservists and National Guard members may also qualify for VA health care benefits if they were called to active duty (other than for training only) by a Federal Order and completed the full period for which they were called or ordered to active duty.

TRICARE and Defense Enrollment Eligibility Reporting System (DEERS)

New ID card and DEERS enrollment is necessary. Consult TRICARE Benefits Advisor or nearest military treatment facility for details and premium rates. TRICARE is lost if spouse remarries. For nearest military medical treatment information visit: <http://www.tricare.mil/> or call 1-800-931-9501.

Medicare

For medical care at Uniformed Services Facilities check the Patient Administration (PAD) Office of the nearest military medical treatment for details. Space may be limited. New ID cards must be issued and enrollment in DEERS is necessary. Medicare eligible military beneficiaries become eligible for all other TRICARE benefits effective October 1, 2001. The law requires that all Medicare eligible beneficiaries, no matter when they turned 65, must be enrolled in Medicare Part B to receive the rest of the TRICARE benefits. For further information contact the Social Security Administration at: 1-800-772-1213 or call Medicare at: 1-800-633-4227 or visit the Medicare website at: www.medicare.gov.

Dental

For dental care at Uniformed Service Facilities there is limited eligibility. Routine dental care may be provided at installations overseas and certain installations in CONUS when dental services are authorized by the Secretary of the Army. Each installation has different policies. Check the installation nearest to you to see what services are provided.

Medical Insurance

If the deceased spouse had health insurance (medical, vision, prescription, long term health) from civil service, other employers, or privately purchased, the surviving spouse should contact the insurance company as soon as possible and review his or her coverage. If a refund of premiums is in order for the deceased, a certified Death Certificate will be needed to claim the refund. If premiums are automatically withdrawn from a bank account, notify the insurance company first and then take the Death Certificate to the bank to stop payment to the insurance company.

SECTION 3 – Funeral Honors *(continued)*

Life Insurance – Government or Commercial

Gather all life insurance policies from safe deposit boxes, files, or papers kept by the retiree. For each civilian policy, identify the policy number; identify the company, the agent, contact numbers and/or email addresses. Upon death of the insured, contact the company or company agent, report the retiree's death and ask instruction on how to apply for the benefit. Usually a copy (certified or regular copy) of the death certificate and a claim form or a letter with pertinent information on the deceased and beneficiary is needed in order to pay the claim.

Other Life Insurance

The retiree may have additional types of insurance which has an impact upon his estate and the well-being of his survivors. For each of these types of insurance, have a copy available along with the identity of the company, the type of policy, the agent, contact numbers and/or email addresses.

- Group insurance from veteran's organizations and fraternal and civic organizations.
- Insurance from spouse's place of employment.
- Credit card insurance.
- Credit life (mortgages, vehicles, personal loans).
- Car insurance, personal injury protection.
- Homeowner's policy (under certain applications).
- Accidental death policies.
- Other special benefits which may be available from life insurance companies.
- Upon death of the insured, contact the company or company agent, report the retiree's death and ask instruction on how to apply for the benefit. Usually a copy (certified or regular copy) of the death certificate and a claim form or a letter with pertinent information on the deceased and beneficiary is needed in order to pay the claim.

Life Insurance Policy Problems

Should you have concerns regarding policies that are in force but are not available, contact:

The American Council of Life Insurance Information and Reference Service

1001 Penn Avenue, N.W.
Washington, DC 20004
1-202-624-2000

National Insurance Consumer

HELPLINE: 1-800-942-4242

These services assist in locating lost or unobtainable policies. Contact the local agent who may have more detailed information regarding other policies the insured may have with the company. The following documents may be required for claiming benefits:

- Insurance policies.
- Lost Policy Form/Statements.
- Change of Beneficiary Endorsement.
- Certified Death Certificate of the insured.
- Beneficiary's Certified Death Certificate if the beneficiary is deceased.
- Properly completed claim form(s).
- Proof of marriage.
- Proof of payment of funeral expenses, when all beneficiaries are deceased, and proceeds go to the estate. Death benefits may be assigned to pay funeral expenses or be deposited in the deceased's estate.

Generally, death benefits paid to a named beneficiary are not taxable if they are included in the total of the deceased's estate. Insurance proceeds left to the estate, or with no surviving beneficiaries, must be filed in the probate proceedings. Proceeds from the policies may be paid to the beneficiary in different ways. Proper advice can help resolve investment questions. Life insurance benefits are for the surviving family. A pre-funded funeral plan can secure these funds for day-to-day expenses that the survivors must meet.

Wills

A Will is a document which names the people you want to receive your property when you die and the person who will be responsible for ensuring that your wishes are carried out.

Everyone should have a Will. If you have a Will which was prepared in another state, it may be recognized as valid in Florida. However, it should be reviewed by a Florida attorney to ensure that it meets the requirements of the Florida Statutes, and to determine whether it will have an adverse effect on the distribution of your property. In most cases, it is advisable to draft a new Will in Florida if only to avoid the expense of locating out of state witnesses. Be ready to tell your attorney the names and addresses of the people with whom you want to share your estate. You should also decide who you want to have act as your personal representative. This will often be your spouse or one of your children, or a close family member, but it should always be someone in whom you have confidence. After death, it is the responsibility of the named personal representative to contact an attorney and begin estate proceedings including the filing of the current Will with the court.

Your personal representative should petition the court authority to act as Personal Representative. He or she will then have the responsibility of collecting the assets of the estate, paying all debts and legal obligations, having the assets appraised and distributing the estate to those persons designated in the Will.

SECTION 3 – Funeral Honors *(continued)*

The personal representative is entitled to a fee for administering the estate. This fee depends upon many factors including demands put upon the individual. The personal representative has the option of waiving the fee.

Revocable Living Trusts

A revocable living trust is a written agreement designating someone to be responsible for managing your property; it's called a living trust because it's established while you're alive. It's "revocable" because, as long as you're mentally competent, you can change or dissolve the trust at any time at your own discretion for any reason. Typically, a living trust becomes irrevocable, i.e. cannot be changed, when you die.

A trust involves three parties: you as the creator, the trustee or trustees who agree to manage your assets as directed by the terms of the trust, and the beneficiaries. Both a will and a living trust contain your inheritance instructions, meaning who gets what, when they get it, and how. A trust is often preferred for people concerned with privacy and avoiding probate; it will not become part of the public record unless a trustee or a beneficiary demands court approval of accounts. Probate records are always open to the public. While trusts serve a purpose in some circumstances, for most people with relatively modest estates, wills are quite adequate. They are generally less complicated and less expensive than a trust.

Durable Power of Attorney, Living Wills or Advance Directives

It is highly recommended that you have both a Living Will and a Durable Power of Attorney for Health Care. Your attorney can provide you with both or you can use **VA Form 10-0137 – VA Advance Directive Durable Power of Attorney for Health Care and Living Will (Appendix 6)**. A Living Will protects you and your family in the event of a medical emergency by designating whether or not you wish to have life support systems keep you alive. If you wish further information on this important subject, call your attorney or contact Aging with Dignity at 1-888-594-7437 or www.agingwithdignity.org/ for information about their Five Wishes document.

Probate

State of Florida Probate Laws and Florida State Supreme Court rules govern disposition of estates in Florida. The surviving spouse should contact their attorney or the Lake County Clerk of Circuit Courts Probate Division for requirements.

Should an individual die possessing Real Property and Personal Assets without having a current valid Will, it is the responsibility of the heirs to engage an attorney. Your attorney will properly open the estate and file it with the Probate Division of the Circuit Court.

Probate is the process of concluding the affairs of a deceased, accumulating their assets, paying valid debts, and distributing the assets to the heirs as designated in the Will. If no Will exists, the legal heirs will be determined in accordance with State Law.

Real Estate and Other Property (Florida)

Homestead Exemption: As a widowed person, you are entitled to an additional Homestead Exemption on the assessed value of your property. To apply for this exemption you must go to the office of the County Property Appraiser during the month of January. Call the office at any time of the year for instructions. If the deceased is the last owner of the home, call the Property Appraiser to have the exemption removed. If this is not done, it can result in a tax lien. (See **Appendix 7** for full explanation of Military/Veterans Property Tax Exemptions in Lake County, FL.)

The State of Florida property tax exemption for a 100 percent permanent and totally disabled veteran carries over to the spouse upon the death of the veteran. Be sure to notify the Property Appraiser's Office at:

- **Lake County Property Appraiser**

320 W. Main Street, Suite A
Tavares, FL 32778
1-352-253-2150

A. Transfer of Real Estate: File a Certified Death Certificate at the Lake County Courthouse.

There is a fee charged in a dollar amount to record the Certificate. You must have a sanitized (no cause of death listed) Death Certificate. Call the Florida Department of Health-Lake County at 1-352-589-6424 or go to their office at 16140 U.S. Highway 441, Eustis, FL 32726 to purchase additional copies.

B. Vehicle, Mobile Home and Boat Titles: Transfer of Title is required for the following items:

1. Cars, trucks, and vans
2. Mobile homes (change before January 31st or as soon as possible)
3. Motorcycles and mopeds
4. Recreational vehicles (campers, motor homes)
5. Vessels and boats.

All forms and Title transfers can be found and completed at any tag agency within the county; chose the office that is the most convenient to your needs. There is a dollar amount fee to transfer the Title. All vehicles registered out of state must be transferred in the state of registration. All vehicles must be listed in the total asset listing and tax evaluation.

SECTION 3 – Funeral Honors *(continued)*

Depending on how the vehicle is registered (jointly or individual) the following documents may be necessary:

- Title of the vehicle
- Name and location of the lien holder of the Title
- One certified Death Certificate for each vehicle
- Current registration document
- Certified copy of the deceased's will stating the direct beneficiary
- Letter of Administration and appointed personal representative
- Odometer readings from all vehicles less than 10 years old
- Proof of insurance

Personal Income Tax

Under Federal Law, any earned personal income must be reported to the Internal Revenue Service. All individuals who meet the criteria for annual reporting of personal income must file a return the year following a death. A surviving spouse may file a joint return in the year of the veteran's death.

In view of the fact that tax laws change from year to year, it is best to arrange a meeting with your tax consultant regarding your current tax status.

Prearrangements for Funerals

Prearranging funeral matters makes sense and it makes it easier for those you love. Concerned and thoughtful people go to their funeral director to arrange for their own funeral and cemetery needs. Families who plan ahead realize the importance of this step and know how much easier it will be for everyone concerned when death becomes a reality.

Most people find that prearranging gives them peace of mind because they have taken the initiative to spare those they love the unnecessary hardship and complication that exists at a time of death. By making your prearrangements, you also make sure that spiraling inflation will never increase the cost, possibly creating an additional burden for the family.

Your funeral director should, without cost or obligation, explain the way funeral planning works. He/she should review the options that are available to you and assist you in taking care of the details. Then you and your loved ones will have the peace of mind your thoughtful action deserves. Your prefunded arrangements allow your life insurance benefits to assist your survivors with living expenses for the future. Your funeral cost will not be taken from their income. It is really a matter of thoughtfulness as well as providing sound financial management. Anyone can qualify.

Once you’ve made your decision, tell your funeral director exactly what funeral service you wish. He/she will keep the information on file and there is no doubt about your expressed wishes. Moreover, there will be no family disputes or involvement by others who may not know what you wanted. Your loved ones will not need to ask: Did we do the right things? Did we spend too much or too little? Or is that just what he/she wanted? Did we forget anything? If you choose to prepay, you may choose the payment plan that best suits your budget.

The VA also has a web site specifically designed to assist surviving spouses. The site is: www.va.gov/opa/persona/dependent_survivor.asp. The site provides links to the VA pages describing survivor benefits and other government sites that may offer valuable information and assistance.

Pension Plans for Non-Government Employers

Have copies of previous non-government employer pension plans available. Confirm whether or not pension and/or other benefits continue after the death of the retiree. Also confirm whether or not the pension and/or benefits continue if the spouse remarries after the death of the retiree.

Frequently Called Telephone Numbers

Air Force Aid Society (Patrick AFB)	1-321-494-5676
American Red Cross, Lake County Chapter	1-352-314-0883
Army and Air Force Mutual Aid Association	1-800-336-4538
Army Emergency Relief (USAG – Miami)	1-305-437-2665
CHAMPVA for Life	1-888-289-2411
Civil Service Retirement System	1-888-767-6738
DEERS Death Notification	1-800-538-9552
DEERS Enrollment – Tricare for Life Enrollment	1-321-494-2276
DFAS Retired Annuities/Death Notification	1-800-321-1080
	Fax: 1-800-982-8459
DFAS Retired Pay Operations/Death Notification	1-800-321-1080
	Fax: 1-800-469-6559
Florida National Cemetery – Bushnell	1-352-793-7740
Lake County Veteran’s Service Office	1-352-742-6585

SECTION 3 – Funeral Honors *(continued)*

Lake VA Outpatient Clinics:

Clermont	1-352-536-8200
Leesburg	1-352-435-4000
The Villages	1-352-674-5000
Military Records Center (DD-214 Service Records)	1-314-801-0800
National Serviceman's Life Insurance (NSLI)	1-800-669-8477
Navy-MC Relief Society (Jacksonville)	1-904-452-2216
Office of Personnel Management (Federal Retirees)	1-888-767-6738
Officers Benefit Association	1-800-633-4632
Service Member's Life Insurance (SGLI) and Veterans Group Life Insurance (VGLI)	1-800-626-3317
Social Security Administration	1-800-772-1213
Social Security Administration – Leesburg Office	1-866-836-3623
Uniformed Services Benefit Association	1-800-368-7021
VA – Headstones and Markers Application	1-800-697-6947
VA Medical Centers:	
Gainesville	1-800-324-8387
Orlando (Baldwin Park)	1-800-922-7521
VA Regional Office	1-800-827-1000
Veterans Affairs including Death Notification	1-800-827-1000
Veterans Domiciliary – Lake City	1-386-758-0600
Veterans Group Life Insurance (VGLI)	1-800-419-1473
	Fax: 1-877-832-4943
Veterans Life Insurance (NSLI, etc.)	1-800-669-8477

SECTION 4 – Survivor Checklist

Below is a partial list of action to be undertaken upon the death of veteran or retiree. Also review all the documentation contained in the Family Planning Checklist, Section 6 of this document.

1. Contact Funeral Director and setup funeral arrangements
2. Notify Defense Finance and Accounting Service (DFAS) (<http://www.dfas.mil/retiredmilitary/survivors/Retiree-death.html>) or call 1-800-269-5170
3. Notify Veterans Administration at 1-800-827-1000
4. Notify Social Security Administration at 1-866-836-3623 or 1-800-772-1213
5. Notify Defense Enrollment Eligibility Reporting System (DEERS) at 1-800-538-9552
6. Notify VA Life Insurance, if applicable, at 1-800-609-8477
7. Notify SGLI and VGLI Insurance, if applicable, at 1-800-419-1473
8. Notify Civil Service Retirement System, if applicable, at 1-888-767-6738
9. Obtain at least 10 certified copies of death certificate and 10 copies from Funeral Director
10. Notify Life Insurance companies and file appropriate claims
11. Notify Medical, Health, Disability, Travel and Accident Insurance companies and file appropriate claims
12. Notify Homeowners Insurance company
13. Notify Vehicle Insurance company
14. Go to the County Property Appraiser's Office and transfer all real estate properties to surviving spouse
15. Apply for widowed person's Homestead Exemption
16. Apply for appropriate (VA, Civil Service and other) benefits, if applicable
17. Apply for Veterans Burial benefits and Survivor benefits, if applicable
18. Check for non-government pension benefits, if applicable
19. Apply for Workmen's Compensation benefits, if applicable
20. Notify your Accountant or Tax Preparer (unless Estate Lawyer is preparing the final tax returns); provide certified death certificate, previously filed tax return forms, and current earnings and dividend statements

SECTION 4 – Survivor Checklist *(continued)*

- 21.** Notify your investment broker or company
- 22.** Change ownership of joint or solely owned stocks, mutual funds, etc.
- 23.** Cancel any unfulfilled orders arranged by the deceased
- 24.** Notify IRAs and other retirement and investment account administrators
- 25.** Transfer the ownership of bonds
- 26.** Notify your bank(s) and credit union(s)
- 27.** Change all jointly held accounts and correct tax identification numbers (usually Social Security numbers) (leave joint accounts intact for six months)
- 28.** Cancel direct deposit retirement benefit payments (for SBP, Civil Service, and others), if applicable
- 29.** Reestablish the Title of you safe deposit box
- 30.** Reestablish all outstanding mortgages, personal notes, etc.
- 31.** Apply for any Credit Life Insurance that may exist on loans, credit cards, and mortgages
- 32.** Change Certificates of Deposit
- 33.** Go to Department of Motor Vehicles (DMV) to transfer titles of all registered vehicles, mobile homes and boats
- 34.** Notify all credit card companies and cancel all individually held cards of the deceased
- 35.** Review trusts for required actions, if required
- 36.** If a Will must be probated, contact your attorney; your name may also needed to be revised
- 37.** Cancel the deceased's Voter Registration and Driver's License
- 38.** Obtain new military identification cards; log into: Appointment Scheduler - <https://rapids-appointments.dmdc.osd.mil> or RAPIDS Site Locator - <https://www.dmdc.osd.mil/rsl/> or call 1-800-538-9552 or TTY/TTD 1-866-363-2883
- 39.** Send "Thank You" cards for flowers, memorial donations, food, etc.

SECTION 5 – Identity Theft

Identity theft continues to be one of the fastest growing crimes in the United States. Identity thieves are stealing the identities of deceased Americans more and more each year. They open credit card accounts, apply for loans, other services, and even steal the equity in your home. The thieves get personal information from doctor's medical records, hospitals, funeral homes, restaurants, and even out of your mailbox. At income tax time, they may even file a tax return under the identity of the deceased and collect tax refunds under their name. They collected more than \$5.8 billion in tax refunds in 2013.

They may watch the obituaries, steal death certificates (protect these as you would any other important personal document), or even get the information from websites that offer the Social Security Death Index file. These web sites are supposed to be used for genealogy research but are sometimes used to steal identities.

Unfortunately, the thief may also be a family member who may take advantage of the situation or who has already been using that identity. This may be especially true if the deceased suffered from lengthy illness, mental confusion, or if there is a disagreement among family members prior to the death.

Financial institutions are not immediately made aware that their customer is deceased. Until the institution receives word that the individual is deceased, the account remains active.

One of their prime sources of information comes from the surviving spouse or other relatives in the form of obituary information. While it's natural to want to share information about a loved one in an obituary, family members should be aware that identity thieves scan the newspapers for potential victims.

You can provide some measure of protection by:

- Use short obituaries. When you prepare an obituary do not include personal details that reveal too much identifying information. Identity thieves use this information to set up new accounts, licenses, etc. in the deceased person's name.
- List the age but not the birth date of the deceased (birth dates are important to the thieves).
- Do not include the deceased's middle name or initial.
- Do not include the mother's maiden name (also important when establishing a credit account).
- Do not include the maiden name if the deceased is a female.
- Do not include the deceased's exact address.

SECTION 5 – Identity Theft *(continued)*

The following steps are recommended for all deaths, regardless of age. Keep copies of all correspondence, including letters that you send:

- Send copies of the death certificate to each of the three credit reporting bureaus (Equifax – 1-888-766-0008, Experian – 1-888-397-3742, and TransUnion – 1-800-680-7289) requesting they place a “Deceased – Do Not Issue Credit Alert” on the credit report. Do not wait for the Social Security Administration to notify the credit bureaus. Until you notify the credit reporting agencies and creditors, they do not know of a death. An active credit file will stay open for up to 10 years without activity. Thieves look for this and may try to use the Social Security number of a deceased person because of the extended length of time until discovery. Provide copies of the death certificate to banks, insurance companies, brokerage firms, credit card companies, mortgage companies, loan/lien holders, etc. where the deceased held accounts. Should you close any accounts, ensure the company lists “Closed – Account Holder is Deceased” as the reason the account is being closed. If the account is held jointly and the account will continue to be used, ensure the deceased’s name is removed from the account. Notify all membership programs and any creditors or collection agencies with which the deceased had an account or membership.
- Share wisely with family members. Unfortunately, many cases of deceased identity theft are committed by a member of the deceased’s family. It might be a relative who is in financial trouble, a friend who has a costly addition or a child that thought they were wronged in the Will or Estate Planning. For that reason, the identifying information of a deceased family member should be kept to as small a circle as possible. It seems to work best when one family member is the point-person for collection of documents, closing of accounts, checking of credit, etc. Generally this is someone other than the person who organizes all of the other events that surround the death of a loved one.
- Be careful how you safeguard the deceased’s property and what you post on social media sites. Stolen wallets, stolen mail, a data breach, computer virus, “phishing” scams, or paper documents thrown out by you or a business can all be used by identity thieves.
- Report the death promptly to the Social Security Administration to ensure the deceased’s account is closed (1-800-772-1213). Be advised that for \$10, identity thieves can access the full name, Social Security number and other personal information of a deceased person through a list of millions of deceased Americans, known as the “Death Master File.”
- Contact the Department of Motor Vehicles to cancel the deceased’s driver’s license.
- File your loved one’s final tax return.
- In approximately three weeks, check the deceased credit report at www.annualcreditreport.com/index.action and see if the changes have taken place.

Protect Death Certificates

Guard the Death Certificate like you would a Birth Certificate or other piece of identity. You will need to mail this document to certain organizations in order to prove that your family member is deceased, but only send it to trusted institutions who absolutely won't take the name off the account without it. When you are done with the Death Certificate, store the original and all copies in a safe location where you keep other identity documents. Be forewarned that, for securities sake, many organizations are requiring an original copy of the Death Certificate as proof, so ask for 10 to 12 original copies when you request the Death Certificate. For more information, please go to www.idtheftcenter.org/, type in "deceased" in the search box. The website has specific instructions from the Credit Reporting Agencies (CRAs) to order credit reports, request changes, etc.

A good rule of thumb is for relatives to omit any information that would likely be needed when consumers apply for a credit card, open a bank account or apply for insurance. Simply put, there are a lot of person and financial documents a person leaves behind, and it's critical to locate and secure them as soon after a loved one dies as possible.

SECTION 6 – Family Planning Checklist

(These data sheets need to be completed by you and your spouse and/or family members. They then should be stored in a secure location, such as a fireproof safe or a safe deposit box, along with copies of key documents identified below. This package will be essential to supporting your survivors after your death or your spouse's death.)

Veteran and Spouse's Personal Information

ITEM	VETERAN	SPOUSE
LEGAL NAME (First, Middle, Last)		
SOCIAL SECURITY NUMBER (SSN)		
SERVICE NUMBER (If applicable)		
BRANCH OF SERVICE		
GRADE/RANK (At time of retirement, if applicable)		
DATE AND TYPE OF MILITARY RETIREMENT (Attach a copy of DD214 form)		
STREET ADDRESS, CITY, STATE AND ZIP CODE		
EMAIL ADDRESS, HOME AND CELL PHONE NUMBERS		
EXPIRATION DATES FOR DRIVER'S LICENSE		
EXPIRATION DATES FOR MILITARY ID CARD		

Personal Family Information

ITEM	VETERAN	SPOUSE
BIRTHDAY (Attach copy of birth certificate)		
PLACE OF BIRTH		
U.S. CITIZEN		
IF NATURALIZED CITIZEN (Designation and location of court granting naturalization)		
DATE & PLACE OF MARRIAGE (Attach a copy of marriage certificate)		

Medical Doctors and Treatment Facilities

ITEM	VETERAN	SPOUSE
PRIMARY CARE DOCTOR (Name and contact information)		
1. MEDICAL SPECIALIST (Type and Contact Information)		
2. MEDICAL SPECIALIST (Type and Contact Information)		
3. MEDICAL SPECIALIST (Type and Contact Information)		
4. MEDICAL SPECIALIST (Type and Contact Information)		
VA CLINIC		
VA HOSPITAL		
LOCAL HOSPITAL		
LOCAL HOSPITAL		

Emergency Contacts

ITEM	VETERAN	SPOUSE
NAME, RELATIONSHIP AND CONTACT INFORMATION		
NAME, RELATIONSHIP AND CONTACT INFORMATION		
NAME, RELATIONSHIP AND CONTACT INFORMATION		

SECTION 6 – Family Planning Checklist *(continued)*

Parent's Names, Birthdays and Birth Locations

ITEM	VETERAN	SPOUSE
FATHER'S NAME (First, Middle, Last)		
FATHER'S BIRTHDAY AND PLACE OF BIRTH		
FATHER'S DEATH DATE		
MOTHER'S NAME (First, Middle, Last)		
MOTHER'S BIRTHDAY AND PLACE OF BIRTH		
MOTHER'S DEATH DATE		

Previous Marriages for Either Spouse

ITEM	VETERAN	SPOUSE
1. NAME OF SPOUSE (First, Middle, Last)		
IF TERMINATED, SHOW REASON, PLACE AND DATE (Identify if terms of divorce, annulment or separation are applicable to current estate)		
LOCATION OF DIVORCE OR ANNULMENT DECREES, DEATH CERTIFICATES OR CERTIFIED COPIES FOR EITHER SPOUSE		
2. NAME OF SPOUSE (First, Middle, Last)		
IF TERMINATED, SHOW REASON, PLACE AND DATE (Identify if terms of divorce, annulment or separation are applicable to current estate)		
LOCATION OF DIVORCE OR ANNULMENT DECREES, DEATH CERTIFICATES OR CERTIFIED COPIES FOR EITHER SPOUSE		

Children

ITEM	VETERAN	SPOUSE
FIRST, MIDDLE AND LAST NAME		
SOCIAL SECURITY NUMBER		
DEPENDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
MARRIED	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
BIRTHDAY (Attach copy of birth certificate or identify its location)		
ADOPTION PAPERS (If applicable, attach copy or identify document location)		
NATURALIZATION PAPERS (Identify if terms of divorce, annulment or separation are applicable to current estate)		

Important Documents and Records – Military Service Personal File Location

ITEM	VETERAN	SPOUSE
RETIREMENT ORDERS		
SEPARATION PAPERS		
AWARDS AND DECORATIONS		
PERSONAL MEDICAL RECORDS		
OTHER		

SECTION 6 – Family Planning Checklist *(continued)*

Wills

ITEM	VETERAN	SPOUSE
DO I HAVE AN EXECUTED WILL	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
LOCATION OF EXECUTED WILL AND COPIES		
EXECUTOR'S NAME AND CONTACT INFORMATION		
LAWYER'S NAME AND CONTACT INFORMATION		

Durable Power of Attorney – Financial, Medical or General

ITEM	VETERAN	SPOUSE
DO I HAVE A DURABLE POWER OF ATTORNEY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
DATE OF POWER OR ATTORNEY		
NAMING AGENT OR ATTORNEY IN FACT CONTACT INFORMATION		

Living Wills or Advanced Health Care Directives

ITEM	VETERAN	SPOUSE
DO I HAVE A LIVING WILL	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
LOCATION OF A COPY OF THE LIVING WILL (Attach a copy)		
WHO HAS COPIES OF THE LIVING WILL		
CONTACT INFORMATION FOR HOLDERS OF THE LIVING WILL		

Revocable Living Trusts

ITEM	VETERAN	SPOUSE
DO I HAVE A REVOCABLE LIVING TRUST?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
LOCATION OF COPY OF THE REVOCABLE LIVING TRUST (Attach a copy)		
TRUST OFFICER CONTACT INFORMATION		

Previous Years Income Tax Records

ITEM	VETERAN	SPOUSE
LOCATION OF PREVIOUS 7 YEARS STATE AND FEDERAL INCOME TAX RECORDS STORED	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)

Locations of Other Important Documents and Records

ITEM	VETERAN	SPOUSE
DEATH CERTIFICATES OF RETIREES, SPOUSES, CHILDREN, ETC.		
MEDICAL AND DENTAL RECORDS OF HUSBAND, WIFE AND CHILDREN		
CHILDREN'S BIRTH CERTIFICATES		

List of All Assets and Net Worth

ITEM	VETERAN	SPOUSE
LOCATION OF PREVIOUS 7 YEARS STATE AND FEDERAL INCOME TAX RECORDS STORED		

SECTION 6 – Family Planning Checklist *(continued)*

Sources of Retirement Pay (Includes all sources of retirement pay) (Insert additional pages as needed)

Military Retirement

ITEM	VETERAN	SPOUSE
RECEIVING MILITARY RETIREMENT PAY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
PARTICIPATING IN SURVIVOR BENEFIT PLAN (SBP)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES TO SBP PARTICIPATION AMOUNT MONTHLY RETIRE PAY PRIOR OF VETERAN'S DEATH	\$_____month	\$_____month
ANTICIPATED AMOUNT OF SBP PAY AFTER DEATH OF VETERAN	\$_____month	\$_____month
IF NOT PARTICIPATING IN SBP, CURRENT MILITARY RETIREMENT PAY	\$_____month	\$_____month

Civil Service Retirement Pay

ITEM	VETERAN	SPOUSE
IS THE VETERAN OR SPOUSE ELIGIBLE FOR OR RECEIVING CIVIL SERVICE RETIREMENT PAY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES , HOW MUCH PER MONTH	\$_____month	\$_____month
PARTICIPATING IN SURVIVOR ANNUITY PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES, ANTICIPATED AMOUNT OF ANNUITY PAY AFTER DEATH OF EMPLOYEE	\$_____month	\$_____month
IF YES, IDENTIFY WHAT BENEFITS		
CONTACT INFORMATION FOR THIS RETIREMENT PLAN		

Social Security Payments

ITEM	VETERAN	SPOUSE
IS THE VETERAN OR SPOUSE ELIGIBLE FOR OR RECEIVING SOCIAL SECURITY PAY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES , HOW MUCH PER MONTH	\$_____month	\$_____month
CONTACT INFORMATION FOR THIS RETIREMENT PLAN		

Railroad Retirement Benefits

ITEM	VETERAN	SPOUSE
IS THE VETERAN OR SPOUSE ELIGIBLE FOR RAILROAD RETIREMENT BENEFITS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES , HOW MUCH PER MONTH	\$_____month	\$_____month
CONTACT INFORMATION FOR THIS RETIREMENT PLAN		

SECTION 6 – Family Planning Checklist *(continued)*

Social Security Payments

ITEM	VETERAN	SPOUSE
RECEIVING RETIREMENT PAY/BENEFITS FROM NON-GOVERNMENT SOURCES	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
1. IF YES , PLAN OR COMPANY NAME		
TYPE OF BENEFITS RECEIVED – RETIREMENT PAY, HEALTH INSURANCE, ETC. INCLUDING COSTS		
DATES OF EMPLOYMENT		
CURRENT RETIREMENT PAY	\$_____month	\$_____month
DOES PAY CONTINUE TO SPOUSE AFTER THE DEATH OF EMPLOYEE	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES, HOW MUCH DOES THE SURVIVING SPOUSE RECEIVE	\$_____month	\$_____month
CONTACT INFORMATION FOR THIS RETIREMENT PLAN		
2. IF YES, PLAN OR COMPANY NAME		
TYPE OF BENEFITS RECEIVED – RETIREMENT PAY, HEALTH INSURANCE, ETC. INCLUDING COSTS		
DATES OF EMPLOYMENT		
CURRENT RETIREMENT PAY	\$_____month	\$_____month
DOES PAY CONTINUE TO SPOUSE AFTER THE DEATH OF EMPLOYEE	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES, HOW MUCH DOES THE SURVIVING SPOUSE RECEIVE	\$_____month	\$_____month
CONTACT INFORMATION FOR THIS RETIREMENT PLAN		

Veterans Administration (VA) Disability Compensation, Benefits and Status (Insert additional pages as needed)

ITEM	VETERAN	SPOUSE
VETERAN'S DISABILITY RATING PERCENTAGE (Attach copies of rating letters)		
VETERAN'S CURRENT MONTHLY BENEFIT	\$_____month	\$_____month
VA DISABILITY CLAIM IN PROCESS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
VA DISABILITY CLAIM IN PROCESS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
VETERAN RECEIVING VA AID & ATTENDANCE AND/OR HOUSEBOUND BENEFITS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES, HOW MUCH MONTHLY	\$_____month	\$_____month

Other Sources of Income (Insert additional pages as needed)

IRA and Keogh Accounts

ITEM	VETERAN	SPOUSE
TYPE ACCOUNT	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> ROTH <input type="checkbox"/> SPOUSAL <input type="checkbox"/> OTHER	<input type="checkbox"/> TRADITIONAL <input type="checkbox"/> ROTH <input type="checkbox"/> SPOUSAL <input type="checkbox"/> OTHER
OWNER'S NAME OR MEMBERSHIP NUMBER		
CURRENT VALUE	\$_____month	\$_____month
EXACT NAME OF PRIMARY BENEFICIARIES		
EXACT NAME OF CONTINGENT BENEFICIARIES		

SECTION 6 – Family Planning Checklist *(continued)*

Securities/Brokerage Accounts (Including 401(k) and 402(b) programs, annuities – insert additional pages as needed)

ITEM	VETERAN	SPOUSE
1. FINANCIAL INSTITUTION		
NAME AND CONTACT INFORMATION OF THE STOCKBROKER OR MUTUAL FUND		
EXACT NAMES ON ACCOUNT		
ACCOUNT NUMBER		
TYPE ACCOUNT		
2. FINANCIAL INSTITUTION		
NAME AND CONTACT INFORMATION OF THE STOCKBROKER OR MUTUAL FUND		
EXACT NAMES ON ACCOUNT		
ACCOUNT NUMBER		
TYPE ACCOUNT		

Bank Accounts (Includes all checking and savings in all types of financial institutions – insert additional pages as needed)

ITEM	VETERAN	SPOUSE
1. FINANCIAL INSTITUTION		
ACCOUNT NUMBER		
TYPE ACCOUNT		
NAMES ON ACCOUNT		
2. FINANCIAL INSTITUTION		
ACCOUNT NUMBER		
TYPE ACCOUNT		
NAMES ON ACCOUNT		

Credit Cards (Insert additional pages as needed)

ITEM	VETERAN	SPOUSE
1. CARD NAME/NAME OF CREDITOR		
ACCOUNT NUMBER		
CONTACT INFORMATION		
2. CARD NAME/NAME OF CREDITOR		
ACCOUNT NUMBER		
CONTACT INFORMATION		
3. CARD NAME/NAME OF CREDITOR		
ACCOUNT NUMBER		
CONTACT INFORMATION		

Property Ownership or Interest (Insert additional pages as needed)

ITEM	VETERAN	SPOUSE
1. LEGAL DESCRIPTION		
STREET ADDRESS		
ASSESSOR'S PARCEL NUMBER		
TYPE (Residential, Farm, Home Lot, Acreage, etc.)		
EXACT NAME ON DEEDS		
2. LEGAL DESCRIPTION		
STREET ADDRESS		
ASSESSOR'S PARCEL NUMBER		
TYPE (Residential, Farm, Home Lot, Acreage, etc.)		
EXACT NAME ON DEEDS		

SECTION 6 – Family Planning Checklist *(continued)*

**Creditors (Including home, land, boats, cars and line of credit loans and other personal debt
- insert additional pages as needed)**

ITEM	VETERAN	SPOUSE
1. DESCRIPTION (Type Loan or Liability)		
WHO'S DEBT <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COUNTERSIGN		
IF JOINT, WHAT TYPE		
LENDER CONTACT INFORMATION		
OTHER LOAN DETAILS (Amount, Starting Date, Monthly Payments, End Date)		
2. DESCRIPTION (Type Loan or Liability)		
WHO'S DEBT <input type="checkbox"/> SPOUSE <input type="checkbox"/> JOINT <input type="checkbox"/> COUNTERSIGN		
IF JOINT, WHAT TYPE		
LENDER CONTACT INFORMATION		
OTHER LOAN DETAILS (Amount, Starting Date, Monthly Payments, End Date)		

Life Insurance - Government

ITEM	VETERAN	SPOUSE
1. SERVICE MEMBERS GROUP LIFE INSURANCE (SGLI) POLICY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES TO SGLI, VALUE OF THE POLICY		
POLICY BENEFICIARY		
2. VETERAN'S GROUP LIFE INSURANCE (VGLI) POLICY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES TO VGLI, VALUE OF THE POLICY		
POLICY BENEFICIARY		
3. VA LIFE INSURANCE (Such as NSLI)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES TO NSLI, VALUE OF THE POLICY		
POLICY NUMBER		
POLICY BENEFICIARY		

SECTION 6 – Family Planning Checklist *(continued)*

Life Insurance - Commercial

ITEM	VETERAN	SPOUSE
1. COMMERCIAL LIFE INSURANCE COMPANY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
NAME OF INSURED		
NAME OF OWNER		
DEATH BENEFITS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
TYPE POLICY (Term or Whole Life)		
POLICY NUMBER		
CASH SURRENDER VALUE	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
BENEFICIARIES		
2. COMMERCIAL LIFE INSURANCE COMPANY		
NAME OF INSURED		
NAME OF OWNER		
DEATH BENEFITS		
TYPE POLICY (Term or Whole Life)		
POLICY NUMBER		
CASH SURRENDER VALUE		
BENEFICIARIES		

Other Life Insurance

ITEM	VETERAN	SPOUSE
GROUP LIFE INSURANCE WITH VETERANS, FRATERNAL AND CIVIC ORGANIZATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
CREDIT CARD INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
CREDIT LIFE (On Mortgages, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
CAR INSURANCE PERSONAL INJURY PROTECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
ACCIDENTAL DEATH POLICIES	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
IF YES TO ANY OF THESE OTHER LIFE INSURANCE POLICIES, VALUE OF POLICY		
IF YES, CONTACT INFORMATION		
POLICY NUMBER		
POLICY BENEFICIARY		

Life Insurance for Children (If applicable)

ITEM	VETERAN	SPOUSE
COMMERCIAL LIFE INSURANCE COMPANY	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
NAME OF INSURED	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
NAME OF OWNER	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
DEATH BENEFITS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
TYPE POLICY (Term or Whole Life)		
POLICY NUMBER		
CASH SURRENDER VALUE		
BENEFICIARIES		

SECTION 6 – Family Planning Checklist *(continued)*

Commercial Health Insurance

ITEM	VETERAN	SPOUSE
INSURANCE COMPANY		
CONTACT INFORMATION		
POLICY NUMBER		
NAME OF INSURED		
DEDUCTIBLE AMOUNT		
COPAYMENT DETAILS		

Private Health Insurance

ITEM	VETERAN	SPOUSE
INSURANCE COMPANY		
CONTACT INFORMATION		
POLICY NUMBER		
NAME OF INSURED		
DEDUCTIBLE AMOUNT		
COPAYMENT DETAILS		

Private Dental Insurance

ITEM	VETERAN	SPOUSE
INSURANCE COMPANY		
CONTACT INFORMATION		
POLICY NUMBER		
NAME OF INSURED		
DEDUCTIBLE AMOUNT		
COPAYMENT DETAILS		

Private Vision Insurance

ITEM	VETERAN	SPOUSE
INSURANCE COMPANY		
CONTACT INFORMATION		
POLICY NUMBER		
NAME OF INSURED		
DEDUCTIBLE AMOUNT		
COPAYMENT DETAILS		

Private Prescription Insurance

ITEM	VETERAN	SPOUSE
INSURANCE COMPANY		
CONTACT INFORMATION		
POLICY NUMBER		
NAME OF INSURED		
DEDUCTIBLE AMOUNT		
COPAYMENT DETAILS		

Private Long Term Health Care Insurance

ITEM	VETERAN	SPOUSE
INSURANCE COMPANY		
CONTACT INFORMATION		
POLICY NUMBER		
NAME OF INSURED		
ELIMINATION PERIOD		
DAILY BENEFIT		
LIFETIME BENEFIT		
HOME HEALTH CARE PROVISION	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)

SECTION 6 – Family Planning Checklist *(continued)*

Property Insurance – Renter’s

ITEM	VETERAN	SPOUSE
COMPANY NAME		
CONTACT INFORMATION		
PROPERTY ADDRESS		
POLICY NUMBER		
POLICY DETAILS (Annual premium, deductible amount, etc.)		

Property Insurance – Primary Residence

ITEM	VETERAN	SPOUSE
COMPANY NAME		
CONTACT INFORMATION		
PROPERTY ADDRESS		
POLICY NUMBER		
POLICY DETAILS (Annual premium, deductible amount, etc.)		

Property Insurance – Secondary, Vacation or Other Residence

ITEM	VETERAN	SPOUSE
COMPANY NAME		
CONTACT INFORMATION		
PROPERTY ADDRESS		
POLICY NUMBER		
POLICY DETAILS (Annual premium, deductible amount, etc.)		

Vehicle Insurance – Car, Truck, Boat, RV, Motorcycle, Aircraft or Other

ITEM	VETERAN	SPOUSE
1. INSURANCE COMPANY		
CONTACT INFORMATION		
PROPERTY ADDRESS		
POLICY NUMBER		
ANNUAL PREMIUM/ DEDUCTIBLE		
2. INSURANCE COMPANY		
CONTACT INFORMATION		
PROPERTY ADDRESS		
POLICY NUMBER		
ANNUAL PREMIUM/ DEDUCTIBLE		

Other Employers

ITEM	VETERAN	SPOUSE
1. COMPANY		
ADDRESS		
CONTACT INFORMATION		
DURATION OF EMPLOYMENT (Starting date and ending date)		
2. COMPANY		
ADDRESS		
CONTACT INFORMATION		
DURATION OF EMPLOYMENT (Starting date and ending date)		

SECTION 6 – Family Planning Checklist *(continued)*

Advisors

ITEM	VETERAN	SPOUSE
PERSONAL LAWYER OR TRUSTED FRIEND WHO MAY BE CONSULTED ON MY PERSONAL OR BUSINESS AFFAIRS		
ACCOUNTANT		
BANKER(S)		
HOMEOWNER'S INSURANCE AGENT		
VEHICLE INSURANCE AGENT (Cars, Boats, etc.)		
INVESTMENT ADVISOR		
STOCKBROKER		
TRUST OFFICER		
OTHERS		
OTHERS		

Safety Deposit Box

ITEM	VETERAN	SPOUSE
NAME OF FINANCIAL INSTITUTION		
ADDRESS OF FINANCIAL INSTITUTION		
NAME OF KEY HOLDERS		
LOCATION OF KEYS		

Organ Donor Requirements

ITEM	VETERAN	SPOUSE
IS THE VETERAN OR SPOUSE AN ORGAN DONOR		
NAME OF ORGANIZATION		
ADDRESS		
CONTACT INFORMATION		

Funeral Planning – Notifications (People to be notified upon death of Vet or Spouse)

ITEM	VETERAN	SPOUSE
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		
NAME AND CONTACT INFORMATION (Name, Relationship, Address, Phone, Email Address)		

Funeral Planning Details

ITEM	VETERAN	SPOUSE
NAME AND ADDRESS OF CEMETERY, COLUMBARIUM, ETC.		
BURIED, CREMATED OR BURIED AT SEA		
HAS PLOT BEEN PURCHASED (If applicable)		
BURIAL IN UNIFORM		
MEMORIAL SERVICE (If yes, where, when, etc.)		
PREFERENCE OF FUNERAL HOME (If yes, provide contact details)		
MILITARY HONOR GUARD		
SPECIAL FUNERAL SERVICE REQUESTS (If yes, attach them)		
DRAFT OBITUARY NOTICE PREPARED (If yes, attach a copy)		

Appendix 1

Instruction and Information Sheet for SF 180,
Request Pertaining to Military Records

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service less than 62 years ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.

b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service 62 or more years ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ DD Form 214 or equivalent. When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ☐
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☐ All Documents in Official Military Personnel File (OMPF)
- ☐ Medical Records (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____
- ☐ Other (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal
☐ Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- ☐ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____

(Relationship)

- ☐ Legal guardian (Must submit copy of court appointment.)
☐ Other (specify) _____

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

3. AUTHORIZATION SIGNATURE WHEN REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Signature Required - Do not print _____ Date _____

() ()
Daytime phone _____ Fax Number _____

Email address _____

This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site.

RESET

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 22204-7200 http://uscg.mil/psc/adm	8	<i>Reserved.</i>	13	<i>Reserved.</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		eVetRecs! http://www.archives.gov/veterans/military-service-records/

Appendix 2

DFAS FASTFORM 9221, Notification of Death

Notification of Death

General Information: Please complete the following form to report the death of a Uniformed Services retiree. This form is to be used only for addresses inside the United States. For addresses outside the United States this form can be printed then mailed or faxed to DFAS. **Part A and B are required.** Part A is information about the deceased. Part B is information about the person making this report. DFAS would appreciate any information that you can provide in Part C if the retiree was married, divorced or widowed prior to death. Information provided in Part C and D will be used to contact the retiree's beneficiaries in order to facilitate the payment of any outstanding retiree pay. To obtain the fastest service, please click "Finished" at the bottom of this page after you have filled out the form. You may also fax it to (800) 469-6559 or mail it to DFAS at PO BOX 7130, London KY 40742-7130.

Part A - DECEASED RETIREE INFORMATION (* Required Field)

1. Name *	2. Social Security Number *	3. Marital Status *
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Cause of Retiree's Death *	5. Retiree Date of Death (MM/DD/YYYY) *	
Select	<input type="text"/>	

Part B - SUBMITTER INFORMATION (* Required Field)

1. Name *	2. Relationship to Deceased *	3. Preferred Method of Contact *
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Address *	4a. Supplemental Address	
<input type="text"/>	<input type="text"/>	
5. City *	6. State *	7. Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Phone Number *	9. Email Address *	10. Email Address (confirm) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Information collected via this web site, whether individual or aggregate, is for Defense Finance and Accounting Service use only. We do not rent, sell or share Personal Identifiable Information about you. [The Privacy Act of 1974](#)

Part C - SPOUSE OF DECEASED RETIREE INFORMATION (* Required Field)

1. Name *	2. Spouse SSN	3. Spouse Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Marriage Date (MM/DD/YYYY)	5. Divorce Date (MM/DD/YYYY)	6. Spouse of Deceased Retiree Date of Death (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Address	7a. Supplemental Address	
<input type="text"/>	<input type="text"/>	
9. State	10. Zip Code	8. City
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Preferred Method of Contact	12. Email Address	13. Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part D - FORMER SPOUSE OF DECEASED RETIREE INFORMATION (* Required Field)

1. Name *	2. Former Spouse SSN	3. Former Spouse Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Marriage Date (MM/DD/YYYY)	5. Divorce Date (MM/DD/YYYY)	6. Retiree Spouse Date of Death (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Address	7a. Supplemental Address	
<input type="text"/>	<input type="text"/>	
9. State	10. Zip Code	8. City
<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Preferred Method of Contact	12. Email Address	13. Phone Number
Select	<input type="text"/>	<input type="text"/>

Part E - FAMILY AND BENEFICIARY INFORMATION (*Required Field)

Children of the Deceased Retiree	1a. Total Number of Children	<input style="width: 90%;" type="text"/>	1b. Number of Living Children	<input style="width: 90%;" type="text"/>
Siblings of the Deceased Retiree	2a. Total Number of Siblings	<input style="width: 90%;" type="text"/>	2b. Number of Living Siblings	<input style="width: 90%;" type="text"/>

1. Name <input style="width: 90%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>	2. Relationship to Deceased <input style="width: 90%;" type="text"/>	3. Email Address <input style="width: 90%;" type="text"/>
4. Address <input style="width: 90%;" type="text"/>	4.a Supplemental Address <input style="width: 90%;" type="text"/>	5. City <input style="width: 90%;" type="text"/>
6. State <input style="width: 90%;" type="text"/>	7. Zip Code <input style="width: 90%;" type="text"/>	8. Phone Number <input style="width: 90%;" type="text"/>

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6. State <input style="width: 90%;" type="text"/>	7. Zip Code <input style="width: 90%;" type="text"/>	8. Phone Number <input style="width: 90%;" type="text"/>

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6. State <input style="width: 90%;" type="text"/>	7. Zip Code <input style="width: 90%;" type="text"/>	8. Phone Number <input style="width: 90%;" type="text"/>

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6. State <input style="width: 90%;" type="text"/>	7. Zip Code <input style="width: 90%;" type="text"/>	8. Phone Number <input style="width: 90%;" type="text"/>

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4. Address <input style="width: 90%;" type="text"/>	4.a Supplemental Address <input style="width: 90%;" type="text"/>	5. City <input style="width: 90%;" type="text"/>
6. State <input style="width: 90%;" type="text"/>	7. Zip Code <input style="width: 90%;" type="text"/>	8. Phone Number <input style="width: 90%;" type="text"/>

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4. Address <input style="width: 90%;" type="text"/>	4.a Supplemental Address <input style="width: 90%;" type="text"/>	5. City <input style="width: 90%;" type="text"/>
6. State <input style="width: 90%;" type="text"/>	7. Zip Code <input style="width: 90%;" type="text"/>	8. Phone Number <input style="width: 90%;" type="text"/>

DFAS FASTFORM 9221, January 2013 (FFv11.0)

Appendix 3

VA FORM 40-1330, General Information Sheet –
Claim for Standard Government Headstone or Marker

GENERAL INFORMATION SHEET

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

BENEFIT PROVIDED

a. HEADSTONE OR MARKER

Only for Veterans who died on or after November 1, 1990 - Furnished for the grave of any eligible deceased Veteran. Will be provided for placement in private cemeteries regardless of whether or not the grave is already marked with a privately-purchased headstone or marker.

Only for Veterans who died before November 1, 1990 - Furnished for the **UNMARKED GRAVE** of any eligible deceased Veteran. The applicant must certify the grave is **unmarked**. For Veterans that served prior to World War I, a grave is considered marked when a headstone/marker displays the decedent's name only, or if the name was historically documented in a related document, such as by a number that is inscribed on a grave block and is recorded in a burial ledger. For service during and after World War I, a grave is considered marked if a headstone/marker displays the decedent's name and date of birth and/or death, even though the Veteran's military data is not shown.

b. MEMORIAL HEADSTONE OR MARKER - Furnished for placement in a cemetery only to commemorate a deceased eligible Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. May not be used as a memento. Check box in block 28 and explain in block 27.

c. MEDALLION - Eligible Veterans may receive a Government-furnished headstone or marker, or a medallion, but not both. *If requesting a medallion, please use VA Form 40-1330M.*

WHO IS ELIGIBLE - Any deceased Veteran discharged under honorable conditions and any member of the Armed Forces of the United States who dies on active duty. A deceased Veteran discharged under conditions other than honorable may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents;** they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

WHO CAN APPLY - Federal regulation defines "applicant" as the decedent's Next-of-Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to **1-800-455-7143**.

IMPORTANT: If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.

MAIL claims to: **Memorial Programs Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

A Government headstone or marker may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The applicant signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at mps.headstones@va.gov.

TRANSPORTATION AND DELIVERY OF MARKER - The headstone or marker is shipped without charge to the consignee designated in block 19 of the claim. **The delivery will not be made to a Post Office box.** The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker. The Government is not responsible for costs to install the headstone or marker in private cemeteries.

CAUTION - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

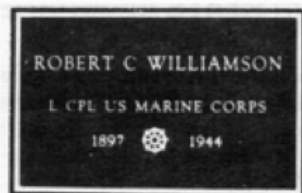
ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

UPRIGHT HEADSTONE
WHITE MARBLE OR
LIGHT GRAY GRANITE



This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery.

FLAT MARKERS
BRONZE



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

NOTE: Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the claim. It is necessary to submit detailed documentation that supports eligibility. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only rank above 'Private' was historically authorized; emblems of belief and the words 'Civil War' are not provided.

INSCRIPTION INFORMATION

MEMORIAL HEADSTONES AND MARKERS (remains are not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are only inscribed when remains are not available.

MANDATORY ITEMS of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time; and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

OPTIONAL ITEMS are identified on the claim in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Vietnam may be inscribed if the Veteran served during the Vietnam War period, even though the individual never served in the country. Supporting documentation must be included with the claim if you wish to include the highest rank and/or awards.

ADDITIONAL ITEMS may be inscribed at Government expense if they are requested on the initial claim and space is available. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except available emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

RESERVED SPACE for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.

Department of Veterans Affairs		IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. <i>Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.</i>																															
1. FOR VA USE ONLY																																	
2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED) <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: 1px solid black; padding: 2px;">FIRST (Or Initial)</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">MIDDLE (Or Initial)</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">LAST</td> <td style="width: 25%; border: 1px solid black; padding: 2px;">SUFFIX</td> </tr> </table>								FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX	3. GRAVE IS: <input type="checkbox"/> CURRENTLY MARKED <small>(with privately purchased marker)</small> <input type="checkbox"/> NOT MARKED																					
FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX																														
VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)																																	
4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. SSN: _____ OR SVC. NO.: _____				PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27) <table style="width: 100%; border: none;"> <tr> <th colspan="3" style="text-align: center; border: 1px solid black;">6A. DATE(S) ENTERED</th> <th colspan="3" style="text-align: center; border: 1px solid black;">6B. DATE(S) SEPARATED</th> </tr> <tr> <th style="text-align: center; border: 1px solid black;">MONTH</th> <th style="text-align: center; border: 1px solid black;">DAY</th> <th style="text-align: center; border: 1px solid black;">YEAR</th> <th style="text-align: center; border: 1px solid black;">MONTH</th> <th style="text-align: center; border: 1px solid black;">DAY</th> <th style="text-align: center; border: 1px solid black;">YEAR</th> </tr> <tr> <td style="height: 40px; border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>						6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED			MONTH	DAY	YEAR	MONTH	DAY	YEAR												
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5A. DATE OF BIRTH <table style="width: 100%; border: none;"> <tr> <th style="text-align: center; border: 1px solid black;">MONTH</th> <th style="text-align: center; border: 1px solid black;">DAY</th> <th style="text-align: center; border: 1px solid black;">YEAR</th> </tr> <tr> <td style="height: 40px; border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>			MONTH	DAY	YEAR				5B. DATE OF DEATH <table style="width: 100%; border: none;"> <tr> <th style="text-align: center; border: 1px solid black;">MONTH</th> <th style="text-align: center; border: 1px solid black;">DAY</th> <th style="text-align: center; border: 1px solid black;">YEAR</th> </tr> <tr> <td style="height: 40px; border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>			MONTH	DAY	YEAR																			
MONTH	DAY	YEAR																															
MONTH	DAY	YEAR																															
7. HIGHEST RANK ATTAINED (No pay grades)		8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">ARMY</td> <td style="text-align: center;">NAVY</td> <td style="text-align: center;">MARINE CORPS</td> <td style="text-align: center;">COAST GUARD</td> <td style="text-align: center;">AIR FORCE</td> <td style="text-align: center;">ARMY AIR FORCES</td> <td style="text-align: center;">MERCHANT MARINE</td> <td style="text-align: center;">OTHER <small>(Specify)</small></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>								ARMY	NAVY	MARINE CORPS	COAST GUARD	AIR FORCE	ARMY AIR FORCES	MERCHANT MARINE	OTHER <small>(Specify)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">MEDAL OF HONOR</td> <td style="text-align: center;">DST SVC CROSS</td> <td style="text-align: center;">NAVY CROSS</td> <td style="text-align: center;">AIR FORCE CROSS</td> <td style="text-align: center;">SILVER STAR</td> <td style="text-align: center;">BRONZE STAR MEDAL</td> <td style="text-align: center;">PURPLE HEART</td> <td style="text-align: center;">OTHER <small>(Specify)</small></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER <small>(Specify)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. WAR SERVICE (Check applicable box(es)) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">WORLD WAR II</td> <td style="text-align: center;">KOREA</td> <td style="text-align: center;">VIETNAM</td> <td style="text-align: center;">PERSIAN GULF</td> <td style="text-align: center;">OTHER <small>(Specify)</small></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF	OTHER <small>(Specify)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER <small>(Specify)</small>																										
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one) <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">FLAT BRONZE</td> <td style="text-align: center;">FLAT GRANITE</td> <td style="text-align: center;">UPRIGHT MARBLE</td> <td style="text-align: center;">FLAT MARBLE</td> <td style="text-align: center;">BRONZE NICHE</td> <td style="text-align: center;">UPRIGHT GRANITE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> B</td> <td style="text-align: center;"><input type="checkbox"/> G</td> <td style="text-align: center;"><input type="checkbox"/> U</td> <td style="text-align: center;"><input type="checkbox"/> F</td> <td style="text-align: center;"><input type="checkbox"/> Z</td> <td style="text-align: center;"><input type="checkbox"/> V</td> </tr> </table>				FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE	<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V	12. DESIRED EMBLEM OF BELIEF EMBLEM NUMBER _____ NONE <input type="checkbox"/> _____ <small>(Specify) (See reverse side of this form for available emblems)</small>																	
FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE																												
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V																												
13A. NAME AND MAILING ADDRESS OF APPLICANT <small>(No., Street, City, State, and ZIP Code)</small>				13B. DAYTIME PHONE NO. OF APPLICANT 14. E-MAIL ADDRESS (Optional) 15. FAX NO. (Optional)																													
16. ARE YOU: <input type="checkbox"/> NEXT OF KIN <small>(Specify relationship)</small> <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT <small>(Include Written Authorization)</small> <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN <small>(Include Written Authorization)</small>																																	
CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a Capital Crime or was never convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.																																	
17. SIGNATURE OF APPLICANT						18. DATE (MM/DD/YYYY)																											
19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code); P.O. BOX IS NOT ACCEPTABLE				20. DAYTIME PHONE NO. (Include Area Code)		21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code)																											
CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.																																	
22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19						23. DATE (MM/DD/YYYY)																											
CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.																																	
24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL				25. DAYTIME PHONE NO. (Include Area Code)			26. DATE (MM/DD/YYYY)																										
27. REMARKS (Additional inscription space will vary in size according to the type of marker)																																	
28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 <small>(e.g., buried at sea, remains scattered, etc.)</small> <input type="checkbox"/> REMAINS NOT BURIED					29. SECTION/GRAVE NO. (State Cemetery Only)																												

AVAILABLE EMBLEMS (See block 12)

The graphics shown below are of 20 representative emblems of belief for placement on Government-furnished headstones/markers.



(1)
LATIN CROSS



(2)
BUDDHIST



(3)
JUDAISM
(Star of David)



(4)
PRESBYTERIAN CROSS



(5)
RUSSIAN ORTHODOX CROSS



(6)
LUTHERAN CROSS



(7)
EPISCOPAL CROSS



(8)
UNITARIAN CHURCH
(Flaming Chalice)



(9)
UNITED METHODIST CHURCH



(10)
AARONIC ORDER CHURCH



(11)
MORMON-ANGEL MORONI



(12)
NATIVE AMERICAN CHURCH
OF NORTH AMERICA



(13)
SERBIAN ORTHODOX



(14)
GREEK CROSS



(17)
MUSLIM
CRESCENT AND STAR



(20)
COMMUNITY OF CHRIST



(21)
SUFISM REORIENTED



(27)
UNITED MORAVIAN CHURCH



(29)
CHRISTIAN CHURCH



(31)
UNITED CHURCH OF CHRIST

EMBLEMS OF BELIEF AVAILABLE:

LATIN CROSS (01)
BUDDHIST (Wheel of Righteousness) (02)
JUDAISM (Star of David) (03)
PRESBYTERIAN CROSS (04)
RUSSIAN ORTHODOX CROSS (05)
LUTHERAN CROSS (06)
EPISCOPAL CROSS (07)
UNITARIAN CHURCH (Flaming Chalice) (08)
UNITED METHODIST CHURCH (09)
AARONIC ORDER CHURCH (10)
MORMON (Angel Moroni) (11)
NATIVE AMERICAN CHURCH OF NORTH AMERICA (12)
SERBIAN ORTHODOX (13)
GREEK CROSS (14)
BAHAI (9 Pointed Star) (15)
ATHEIST (16)
MUSLIM (Crescent and Star) (17)
HINDU (18)
KONKO-KYO FAITH (19)
COMMUNITY OF CHRIST (20)
SUFISM REORIENTED (21)
TENRIKYO CHURCH (22)
SIECHO-NO-IE (23)
THE CHURCH OF WORLD MESSIANITY (Izunome) (24)
UNITED CHURCH OF RELIGIOUS SCIENCE (25)
CHRISTIAN REFORMED CHURCH (26)
UNITED MORAVIAN CHURCH (27)
ECKANKAR (28)

CHRISTIAN CHURCH (29)
CHRISTIAN & MISSIONARY ALLIANCE (30)
UNITED CHURCH OF CHRIST (31)
HUMANIST (AMERICAN HUMANIST ASSOCIATION) (32)
PRESBYTERIAN CHURCH (USA) (33)
IZUMO TAISHAKYO MISSION OF HAWAII (34)
SOKA GAKKAI INTERNATIONAL - USA (35)
SIKH (KHANDA) (36)
WICCAN (37)
LUTHERAN CHURCH MISSOURI SYNOD (38)
NEW APOSTOLIC CHURCH (39)
SEVENTH DAY ADVENTIST CHURCH (40)
CELTIC CROSS (41)
ARMENIAN CROSS (42)
FAROHAR (43)
MESSIANIC JEWISH (44)
KOHEN HANDS (45)
CATHOLIC CELTIC CROSS (46)
THE FIRST CHURCH OF CHRIST, SCIENTIST (Cross and Crown) (47)
MEDICINE WHEEL (48)
INFINITY (49)
LUTHER ROSE (51)
LANDING EAGLE (52)
FOUR DIRECTIONS (53)
CHURCH OF NAZARENE (54)
HAMMER OF THOR (55)
UNIFICATION CHURCH (56)
MUSLIM (Islamic 5 Pointed Star) (98)

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at www.cem.va.gov. You may also request a copy of this list by contacting our Applicant Assistance Unit toll free at 1-800-697-6947, or via e-mail at: mps.headstones@va.gov.

Appendix 4

VA FORM 40-0247, Presidential Memorial
Certificate Request Form



Department of Veterans Affairs

PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average two minutes per response. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request additional certificates and/or replacement or correct certificates on receipt of the original PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005G2), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** *Please do not send applications for benefits to this address.*

INSTRUCTIONS: When inserting the veterans name below, **DO NOT** include nickname, military rank, or civilian title. Complete a new VA Form 40-0247 for each additional name and/or mailing address.

NAME OF VETERAN		NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE
NUMBER OF CERTIFICATES REQUESTED	HOME OR WORK TELEPHONE NUMBER <i>(Include area code and do not insert spaces between numbers)</i>	

I certify, to the best of my knowledge, that the decedent has never committed a Capital Crime or was never convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

SIGNATURE OF REQUESTOR

RETURN COMPLETED FORM ALONG WITH A COPY OF THE DISCHARGE DOCUMENTS TO:

Presidential Memorial Certificates (41B3)
National Cemetery Administration
5109 Russell Road
Quantico, VA 22134-3903

Fax To: 1 (800) 455-7143

Or

VA FORM
MAY 2013 **40-0247**

Appendix 5

VA FORM 21P-530, Instructions and
Application for Burial Benefits

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility to burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. GENERAL

- a. **BURIAL ALLOWANCE** - A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea, and medical school donation.
- b. **PLOT OR INTERMENT ALLOWANCE** - A one-time benefit payment payable toward:
 - (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR
 - (2) Expenses payable to a State (or political subdivision of a State) if the veteran died from non service-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery."Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place. "Interment" means the burial of casketed remains in the ground or the placement or scattering of cremated remains.
- c. **TRANSPORTATION EXPENSES** - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:
 - (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR
 - (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
 - (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment or care.

2. WHO SHOULD FILE A CLAIM - VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

- (1) The veteran's surviving spouse; OR
- (2) The survivor of a legal union* between the deceased veteran and the survivor; OR
- (3) The veteran's children, regardless of age; OR
- (4) The veteran's parents or the surviving parent; OR
- (5) The executor or administrator of the deceased veteran's estate.

*For purposes of this application, legal union means a formal relationship between the decedent and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized the relationship, and was evidenced by the State's issuance of documentation memorializing the relationship.

3. **TIME LIMIT FOR FILING A CLAIM** - A claim for non-service-connected burial allowance must be filed with VA within 2 years from the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years from the date of correction. There is no time limit for the service-connected burial benefit, plot or interment benefit, or reimbursement of transportation expenses.

4. **COMPLETING CLAIM BY A FIRM OR STATE AGENCY** - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.


5. **PROOF OF DEATH TO ACCOMPANY CLAIM** - Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.

6. **STATEMENT OF ACCOUNT MUST ACCOMPANY TRANSPORTATION CLAIMS** - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid, and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.

7. **SERVICE RECORD** - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.

8. **TOLL-FREE TELEPHONE ASSISTANCE** - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 711.

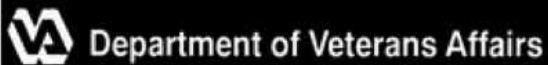
9. **WHERE DO I MAIL MY COMPLETED APPLICATION?** - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet web site at www.va.gov/directory. The address is also located in the government pages of your telephone book under "United States Government, Veterans."

 Department of Veterans Affairs		(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)	
APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23)			
IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.			
1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN			
2. SOCIAL SECURITY NUMBER OF VETERAN		3. VA FILE NUMBER	
4. FIRST, MIDDLE, LAST NAME OF CLAIMANT			
5. TELEPHONE NUMBER(S) (Include Area Code)		6. E-MAIL ADDRESS OF CLAIMANT	
A. DAYTIME	B. EVENING		
7. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)			
8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN (Check one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> EXECUTOR/ADMINISTRATOR OF ESTATE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> PARENT			
PART I - INFORMATION REGARDING VETERAN			
9A. DATE OF BIRTH		9B. PLACE OF BIRTH	
10A. DATE OF DEATH		10B. PLACE OF DEATH	10C. DATE OF BURIAL
10D. WHERE DID THE VETERAN'S DEATH OCCUR? (Check one) <input type="checkbox"/> VA MEDICAL CENTER <input type="checkbox"/> NURSING HOME UNDER VA CONTRACT <input type="checkbox"/> STATE VETERANS HOME <input type="checkbox"/> OTHER (Specify)			
SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)			
11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE
DATE	PLACE		DATE PLACE
11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE			
12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME			
PART II - CLAIM FOR BURIAL ALLOWANCE			
13. BENEFITS REQUESTED (Check one) <input type="checkbox"/> NON-SERVICE-CONNECTED DEATH <input type="checkbox"/> SERVICE-CONNECTED DEATH		14. IF DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL OR INTERMENT?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
15B. ARE YOU SEEKING BURIAL BENEFITS FOR A VETERAN'S NON-SERVICE-CONNECTED DEATH OCCURRING AT A VA MEDICAL CENTER, NURSING HOME UNDER VA CONTRACT, OR OTHER VA FACILITY?			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide actual burial cost) \$ _____			

PART III - CLAIM FOR PLOT OR INTERMENT ALLOWANCE	
16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS <i>(Specify)</i>	17. WAS VETERAN BURIED IN A NATIONAL CEMETERY OR ONE OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 18B)</i>	18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION \$
PART IV - CLAIM FOR TRANSPORTATION REIMBURSEMENT	
19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE <i>(Attach itemized receipts)</i> \$	
PART V - CERTIFICATION AND SIGNATURE	
I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.	
20A. SIGNATURE OF CLAIMANT <i>(If signed using an "X", complete Items 24A thru 25B)</i> <i>(If signing for firm, corporation, or State agency, complete Items 20B thru 21)</i>	20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY
21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT	
NOTE - Where the claimant is a firm, corporation or State agency, Items 22A thru 25 MUST be completed by the individual who authorized services.	
I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.	
22A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES	22B. DATE
22C. NAME AND TITLE OF PERSON AUTHORIZING SERVICES <i>(Type or Print)</i>	
23. ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>	
WITNESS TO SIGNATURE IF MADE BY "X"	
NOTE - If claimant signed above using an "X", signature must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.	
24A. SIGNATURE OF WITNESS	24B. ADDRESS OF WITNESS
25A. SIGNATURE OF WITNESS	25B. ADDRESS OF WITNESS
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.	
DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS	
The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family. For additional information on burial benefits go to the web site, www.cem.va.gov/bbene_burial.asp . To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at www.va.gov/directory .	

Appendix 6

VA FORM 10-0137, VA Advance Directive Durable
Power of Attorney for Health Care and Living Will



VA ADVANCE DIRECTIVE DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

This advance directive form is an official document where you can write down your preferences for your health care. If someday you can't make health care decisions for yourself anymore, this advance directive can help guide the people who will make decisions for you.

You can use this form to:

- Name specific people to make health care decisions for you
- Describe your preferences for how you want to be treated
- Describe your preferences for medical care, mental health care, long-term care, or other types of health care

When you complete this form, it's important that you also talk to your doctor, family, and other loved ones who may help to decide about your care. You should explain what you meant when you filled out the form.

A health care professional can help you with this form and can answer any questions that you have. If you need more space for any part of the form, you may attach extra pages. Be sure to initial and date every page that you attach.

PART I: PERSONAL INFORMATION

NAME (Last, First, Middle):

SOCIAL SECURITY NUMBER:

STREET ADDRESS:

CITY, STATE, ZIP:

HOME PHONE WITH AREA CODE:

WORK PHONE WITH AREA CODE:

MOBILE PHONE WITH AREA CODE:

Privacy Act Information and Paperwork Reduction Act Notice

The information requested on this form is solicited under the authority of 38 C.F.R. §17.32. It is being collected to document your preferences for your health care in the event that you can't speak for yourself anymore. The information you provide may be disclosed outside the VA as permitted by law. Possible disclosures include those that are described in the "routine uses" identified in the VA system of records 24VA19, Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. This is also available in the Compilation of Privacy Act Issuances at <http://www.gpoaccess.gov/privacyact/index.html>. You may choose to fill out this form or not. But without this information, VA health care providers may not understand your preferences as well. If you don't fill out this form, there won't be any effect on the benefits you are entitled to receive. The Paperwork Reduction Act of 1995 requires us to let you know that this information collection follows the clearance requirements of section 3507 of this Act. We estimate that it will take you about 30 minutes to fill out this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information you write down. A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a current valid OMB control number. The OMB Control No. for this information collection is 2900-0556.

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL			
NAME (<i>Last, First, Middle</i>)		SOCIAL SECURITY NUMBER	
PART II: DURABLE POWER OF ATTORNEY FOR HEALTH CARE			
<p>This section of the advance directive form is called a Durable Power of Attorney for Health Care. It lets you appoint a specific person to make health care decisions for you in case you can't make decisions for yourself anymore. This person will be called your Health Care Agent.</p> <p>Your Health Care Agent should be someone:</p> <ul style="list-style-type: none"> • You trust • Who knows you well • Who is familiar with your values and beliefs <p>If you get too sick to make decisions for yourself, your Health Care Agent will have the authority to make all health care decisions for you. This includes decisions to admit and discharge you from any hospital or other health care institution. Your Health Care Agent can also decide to start or stop any type of health care treatment. He or she can access your personal health information, including your medical records.</p> <p>NOTE: Information about whether you have been tested for HIV or treated for AIDS, sickle cell anemia, substance abuse or alcoholism will only be shared with your Health Care Agent under very limited circumstances. If you wish to give general permission for VA to share this information with your Health Care Agent, you will need to give special written consent by completing VA Form 10-5345. You can get VA Form 10-5345 from your VA health care provider or you can get it using a computer from this website http://www4.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf.</p>			
A - HEALTH CARE AGENT			
Place your initials in the box next to your choice. Choose only one.			
Initials	I don't wish to appoint a Health Care Agent right now. (Skip this section and go to Part III, Living Will.)		
Initials	I appoint the person named below to make decisions about my health care if I can't decide for myself anymore.		
Name (<i>Last, First, Middle</i>):		Relationship to Me:	
Street Address:		City, State, Zip:	
Home Phone with Area Code:	Work Phone with Area Code:	Mobile Phone with Area Code:	

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL			
NAME <i>(Last, First, Middle)</i>		SOCIAL SECURITY NUMBER	
B - ALTERNATE HEALTH CARE AGENT			
Fill out this section if you want to appoint a second person to make health care decisions for you, in case the first person isn't available.			
Initials	If the person named above can't or doesn't want to make decisions for me, I appoint the person named below to act as my Health Care Agent.		
Name <i>(Last, First, Middle)</i> :		Relationship to Me:	
Street Address:		City, State, Zip:	
Home Phone with Area Code:	Work Phone with Area Code:	Mobile Phone with Area Code:	
PART III: LIVING WILL			
This section of the advance directive form is called a Living Will. This section of it lets you write down how you want to be treated in case you aren't able to decide for yourself anymore. Its purpose is to help others decide about your care.			
A - SPECIFIC PREFERENCES ABOUT LIFE-SUSTAINING TREATMENTS			
In this section, you can indicate your preferences for life-sustaining treatments in certain situations. Some examples of life-sustaining treatments are:			
<ul style="list-style-type: none"> CPR (cardiopulmonary resuscitation) a breathing machine (mechanical ventilation) kidney dialysis a feeding tube (artificial nutrition and hydration) 			
Think about each situation described on the left and ask yourself, "In that situation, would I want to have life-sustaining treatments?" Place your initials in the box that best describes your treatment preference. You may complete some, all, or none of this section. Choose only one box for each statement.			
	Yes. I would want life-sustaining treatments.	I'm not sure. It would depend on the circumstances.	No. I would not want life-sustaining treatments.
If I am unconscious, in a coma, or in a vegetative state and there is little or no chance of recovery.	Initials	Initials	Initials
If I have permanent, severe brain damage that makes me unable to recognize my family or friends (for example, severe dementia).	Initials	Initials	Initials

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

	Yes. I would want life-sustaining treatments.	I'm not sure. It would depend on the circumstances.	No. I would not want life-sustaining treatments.
If I have a permanent condition where other people must help me with my daily needs (for example, eating, bathing, toileting).	Initials	Initials	Initials
If I need to use a breathing machine and be in bed for the rest of my life.	Initials	Initials	Initials
If I have pain or other severe symptoms that cause suffering and can't be relieved.	Initials	Initials	Initials
If I have a condition that will make me die very soon, even with life-sustaining treatments.	Initials	Initials	Initials
Other:	Initials	Initials	Initials

B - MENTAL HEALTH PREFERENCES

This section is optional. You may skip this section if you do not have a serious mental health problem or if you do not want to write down your preferences for mental health care. If you have a serious mental health condition, you might want to write down medications that have worked for you in the past and that you would want again, or you might want to write down the mental health facilities or hospitals that you like and those that you don't like. If you need more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

C - ADDITIONAL PREFERENCES

This section is optional. In this space, you can write other important preferences for your health care that aren't described somewhere else in this document. For example, these might be social, cultural, or faith-based preferences for care, or preferences about treatments such as feeding tubes, blood transfusions, or pain medications. If you need more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

D - HOW STRICTLY YOU WANT YOUR PREFERENCES FOLLOWED

Place your initials in the box next to the statement that reflects how strictly you want others to follow your preferences. Choose only one.

Initials

I want my preferences, as expressed in this Living Will, to serve as a **general guide**. I understand that in some situations, the person making decisions for me may decide something different from the preferences I express above, if they think it's in my best interests.

Initials

I want my preferences, as expressed in this Living Will, to be followed strictly, even if the person making decisions for me thinks that this isn't in my best interests.

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL	
NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER
PART IV: SIGNATURES	
A - YOUR SIGNATURE	
By my signature below, I certify that this form accurately describes my preferences.	
SIGNATURE	DATE
B - WITNESSES' SIGNATURES	
<p>Two people must witness your signature. VA employees may be witnesses if they are members of:</p> <ul style="list-style-type: none"> • The Chaplain Service • The Social Work Service • Nonclinical employees (e.g., Medical Administration Service, Voluntary Service, or Environmental Management Service) <p><i>Other employees of your VA facility may not sign as witnesses to your advance directive unless they're in your family.</i></p>	
Witness #1	
I personally witnessed the signing of this advance directive. I am not appointed as Health Care Agent in this advance directive. I am not financially responsible for the care of the person making this advance directive. To the best of my knowledge, I am not named in the person's will.	
SIGNATURE:	DATE:
Name (Printed or Typed):	
Street Address:	
City, State, Zip:	
Witness #2	
I personally witnessed the signing of this advance directive. I am not appointed as Health Care Agent in this advance directive. I am not financially responsible for the care of the person making this advance directive. To the best of my knowledge, I am not named in the person's will.	
SIGNATURE:	DATE:
Name (Printed or Typed):	
Street Address:	
City, State, Zip:	

VA ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL

NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

PART V: SIGNATURE AND SEAL OF NOTARY PUBLIC (Optional)

This VA Advance Directive form is valid in VA facilities without being notarized. However, you may need to have it notarized to be legally binding outside the VA health care setting. Space for a Notary's signature and seal is included below.

On this _____ day of _____, in the year of _____, personally appeared before me _____,

known by me to be the person who completed this document and acknowledged it as their free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of _____, State of _____, on the date written above.

Notary Public _____ Commission Expires _____

[SEAL]

Appendix 7

Military/Veterans Property Tax Exemptions

Military/Veterans Property Tax Exemptions

\$5000 Service Connected Disability Exemption

Applicant must submit a letter from the Veterans Administration stating the percentage of service connected disability (10% or more) along with an application, by March 1 of the year you wish the exemption to begin.

\$5000 Service Connected Surviving Spouse Disability Exemption

Applicant must be a spouse of a deceased Service Connected Disabled Veteran who was married for 5 years or more. You must submit a letter from the Veterans Administration stating the percentage of service connected disability (10% or more) of the deceased spouse along with a copy of the marriage license and spouse's death certificate.

Application must be submitted by March 1 of the year you wish the exemption to begin.

Combat Related Disability Exemption

Applicants must pre-qualify for Homestead exemption, be 65 years of age as of January 1, be an honorably discharged veteran and have a "combat related disability" from the Veterans Administration. You must submit an application, a copy of your DD214, proof of age, copy of rating letter from the Veteran's Administration, along with evidence of the combat related disability.

Application must be submitted by March 1 of the year you wish the exemption to begin.

Service-Connected Total and Permanent Disability Exemption

Any honorably discharged veteran with a service-connected total and permanent disability, surviving spouses of qualifying veterans and spouses of Florida resident veterans who died from service-connected causes while on active duty as a member of the United States Armed Forces are entitled to an exemption on real estate used and owned as a homestead less any portion used for commercial purposes.

To be eligible for this exemption, the applicant must own, occupy and have been a permanent resident of this state as of January 1st of the tax year for which the exemption is being claimed.

If filing for the first time, the applicant must provide a letter from the United States Government or United States Department of Veterans Affairs as proof of service-connected total and permanent disability or the death of the spouse while on active duty.

Please note - Under certain circumstances, the benefit of the exemption may carry over to the veteran's spouse in the event of the veteran's death. Please contact our office, for additional information, at 352-253-2154.

Deployed Service Member Property Tax Exemption

Applicants must currently receive a Homestead exemption, be deployed during the preceding calendar year on active duty outside the continental United States, Alaska, or Hawaii in support of Operation Noble Eagle, Operation Enduring Freedom, Operation New Dawn or Operation Odyssey Dawn. Applicant must submit the Deployed Military Exemption Application along with copies of deployed orders listing deployment dates and the deployment travel voucher or copy of the DD214 showing deployment dates.

[illegible]



LAKE COUNTY

FLORIDA

On behalf of the Lake County Board of County Commissioners,

THANK YOU FOR YOUR SERVICE

V/1 - 10/20/15